JHPIEGO
An Affiliate of Johns Hopkins University
A GLOBAL LEADER IN IMPROVING HEALTH CARE FOR WOMEN AND FAMILIES

igniting CHANGE!

Capacity-Building Tools for Safe Motherhood Alliances

Maternal & Neonatal Health

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Maternal & Neonatal Health

The Maternal and Neonatal Health (MNH) Program is committed to saving mothers' and newborns' lives by increasing the timely use of key maternal and neonatal health and nutrition practices. The MNH Program is jointly implemented by JHPIEGO, the Johns Hopkins University/Center for Communication Programs, the Centre for Development and Population Activities, and the Program for Appropriate Technology in Health. www.mnh.jhpiego.org

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1

introduction

introduction

> Reducing maternal mortality requires coordinated, long-term efforts. Actions are needed within families and communities, in society as a whole, in health systems, and at the level of national legislation and policy. Further, interactions among the interventions in these areas are critical to reducing maternal mortality and to building and supporting momentum for change.
>
> World Health Organization
> *Reduction of Maternal Mortality*, 1999

Many factors affect the ability of women and newborns to survive pregnancy and childbirth. Collective and creative strategies are needed to mobilize resources and generate the popular support and political will that are critical to achieving sustainable improvements in maternal and newborn health.

Igniting Change! Capacity-Building Tools for Safe Motherhood Alliances is a collection of tools to help focus and strengthen collective efforts, from the grassroots to the policymaking level, to improve maternal and neonatal health. The tools were initially developed to support the Maternal and Neonatal Health (MNH) Program's global efforts to raise awareness among safe motherhood stakeholders, mobilize resources, and move people to action to save women and newborns.[1] These efforts, complemented by appropriate clinical interventions, enable the MNH Program to achieve its mission of increasing access to, demand for, and use of skilled maternal and newborn healthcare.

Purpose of the Capacity-Building Tools

The *Igniting Change!* tools foster communication and collaboration among all levels of safe motherhood stakeholders—policymakers, healthcare providers and facilities, communities, families, and women—who come together to share their viewpoints and solutions for improved maternal and newborn health. The tools emphasize strengthening group processes, building capacity for the linkages between diverse stakeholders, and helping stakeholders work as a team to advocate for safe motherhood. Ultimately, the tools can help diverse stakeholders collaboratively develop appropriate strategies to reduce maternal and newborn mortality.

The tools are intended for use by any group, or alliance, of concerned safe motherhood stakeholders who wish to function more effectively. Some groups may be newly formed, while others may already be working together at multiple levels. Groups may have been brought together by local activists, by concerned community members, or by international nongovernmental organizations. These tools are not designed with any one stakeholder level or specific activity in mind; they can be

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[1] The Maternal and Neonatal Health (MNH) Program was established in 1998 as the U.S. Agency for International Development (USAID) flagship initiative to reduce maternal and newborn deaths in the developing world. The Program builds on progress made by the USAID-funded MotherCare Project and supports the ongoing efforts of the global Safe Motherhood Initiative launched in 1987.

useful regardless of the origins or current capacity of existing or potential safe motherhood stakeholders. With the assistance of a skilled facilitator, any group can use this collection of activities at any stage of its development to strengthen its processes and partnerships to improve safe motherhood. Additional resources for specific types of activities, such as community mobilization or advocacy at the policy level, are included in Section 6 "References and Additional Resources."

Igniting Change! Capacity-Building Tools for Safe Motherhood Alliances includes:

- Facilitator-led activities and helpful hints to strengthen collective action for improved maternal and newborn health;
- Examples from safe motherhood alliances that have benefited from the activities; and
- References for additional resources that address the needs of various stakeholders.

The spark that ignites the process of social mobilization—the original catalyst for change—can come from the grassroots or the national level. The important thing is that this catalyst—an individual, group of individuals, or an institution—facilitates a process in which ultimately power is shared with a wider, more diverse group of stakeholders.

CEDPA, *Social Mobilization for Reproductive Health: A Trainer's Manual*, 2000

Safe Motherhood Alliances

Safe motherhood alliances operate through social mobilization—that is, harnessing the collective efforts of everyone from women and families to health providers and policymakers—to foster collaboration in the promotion of maternal and newborn health.[2] Social mobilization is a long-term strategy that is necessary for sustained social change and development to address the diverse medical and socio-cultural factors that cause or contribute to maternal and newborn mortality. It is increasingly recognized that high rates of maternal and newborn mortality are the result not only of problems in the health sector, but also of a variety of other issues related to gender, socio-cultural values, the economic circumstances of households and communities, and national political will. These factors directly influence the three delays that commonly contribute to maternal and newborn mortality: deciding to seek care, reaching care, and receiving care.[3] To decrease mortality rates, therefore, various components of society must mobilize, forming alliances to work together to promote maternal and newborn health and to bring about change at multiple levels.

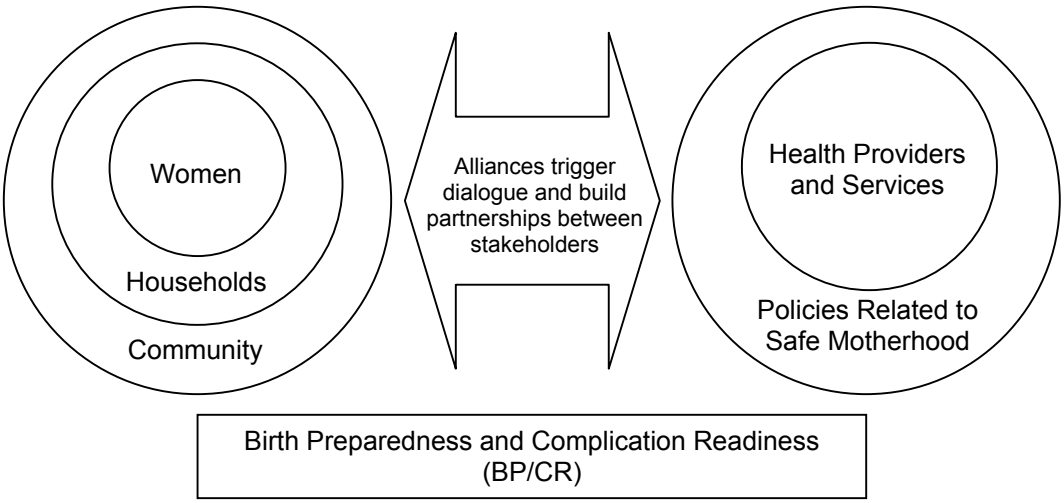
[2] Social mobilization involves planned actions and processes to reach, influence, and involve all relevant segments of society across all sectors from the national to the community level, in order to create an enabling environment and effect positive behavior and social change. CEDPA. 2000. *Social Mobilization for Reproductive Health, A Trainer's Manual.* CEDPA: Washington, DC.

[3] Thaddeus S and D Maine. 1994. Too far to walk: Maternal mortality in context. *Soc Sci Med* 38: 1091.

> The long-term commitment of politicians, planners, and decision-makers to safe motherhood programs depends on popular support. Input from a wide range of groups and individuals is therefore essential, including community and religious leaders, women's groups, youth groups, other local associations, and health care professionals.
>
> World Health Organization, *Reduction of Maternal Mortality*, 2000

Safe motherhood alliances operate at multiple levels to build shared responsibility for maternal and newborn health. Their primary function is to link diverse stakeholders and foster dialogue, negotiation, and collective action. Encouraging communities and households to plan for birth and potential complications, building trust between health facilities and communities, improving health services and systems, advocating for supportive policies and adequate resources, and supporting education about maternal and newborn health are just some of the ways in which safe motherhood alliances work to reduce maternal and newborn mortality. The figure below illustrates the central role of alliances in the MNH Program's social mobilization efforts, as a bridge that links women, households, and communities with facilities, providers, and policymakers in an effort to improve birth preparedness and complication readiness.

Figure: MNH Program Approach to Social Mobilization



When forming and strengthening alliances, it is important to build on existing resources, networks, and activities. For example, the creation of a safe motherhood alliance may involve identifying organizations and activities that are already in place, assessing the benefit of bringing them together, and determining how collaboration could enhance them. Using an assets-based approach, which emphasizes discovering and mobilizing individual and organizational capacities, is a good way to start. An assets-based approach begins with identifying strengths, not deficiencies, and building on existing resources. A significant benefit of forming an alliance is the opportunity to utilize members' diverse resources and apply them to achieve common goals.

Secrets of Successful Alliances

Safe motherhood alliances are comprised of diverse stakeholders, including individuals, community organizations, health professionals, and policymakers. It is important to remember that these stakeholders have their own needs, constraints, capacities, and resources. Critical to the success of any alliance is the ability to respect each stakeholder's unique contributions, while moving forward to achieve alliance objectives. The tools in this collection can position alliances for success by strengthening dialogue, negotiation, and collective action.

Tips for forming an alliance:

- ✓ Build on what already exists
- ✓ Ensure commitment to a shared vision
- ✓ Work collaboratively to achieve that vision
- ✓ Be inclusive and creative when identifying maternal and newborn health stakeholders (include maternal and newborn health activists and consider other less-obvious candidates whose goals may coincide with maternal and newborn health)
- ✓ Develop guiding principles for participation, shared decision-making, and collaboration
- ✓ Agree to have routine and clear communication among all involved
- ✓ View challenges as opportunities
- ✓ Address conflicts constructively and as they occur
- ✓ Practice patience and embrace flexibility

Successful alliances share their **collective knowledge** and exchange lessons learned about maternal and newborn health. Stakeholders bring to the table a variety of experiences and perspectives, providing many opportunities for shared learning. Village leaders, for example, may know better than representatives from international nongovernmental organizations how to engage a community. Healthcare providers can offer clinical maternal and neonatal health information, while political activists may know how to engage in political advocacy to educate policymakers on the issues. Government officials will have knowledge about the political system, and will be able to access official health data. Nurses and midwives can discuss provider competencies. Everyone has something to offer, and sharing this knowledge can help stakeholders prioritize the complex factors that impact maternal and newborn mortality, and develop appropriate action plans to address them.

Once a course of action is agreed upon, **mobilizing existing and new resources** is one of the primary benefits of an alliance. Each member brings certain resources—human, physical, and financial—to the table, or has connections to additional resources. Some organizations may have donor funds that can be contributed to alliance activities, while others may be able to contribute their time or administrative skills. If the alliance plans a rally, community groups have the ability to mobilize people to attend; health and communication programs can help with appropriate message development and dissemination; a theatre troupe can perform a safe motherhood play to promote discussion; and government officials can lend credibility to the event by offering continued government support. Businesses may be willing to donate food and drinks, photocopies of materials, or even clean delivery kits. Although everyone has something to offer, it takes creativity and collaboration to fully realize the potential resources available for safe motherhood advocacy.

One of the greatest benefits of working collaboratively is the ability to **reach out to different stakeholders**, thanks to the many and diverse relationships developed by

each alliance member. Not only does an alliance reach its own partners, but it can reach the partners' affiliates too. Building and using this network is crucial to disseminating information and maternal and newborn health messages, as well as mobilizing diverse stakeholders to take part in alliance activities and advocacy. For example, birth preparedness and complication readiness messages can be disseminated well beyond a single project area to the multiple levels where alliance members work. This type of outreach is one way that alliances build shared responsibility for maternal and newborn survival, enabling all stakeholders to take ownership of the issue and become part of the solution.

Three Stages of Alliance Development

The alliance development process often involves three stages: **Foundation Building**, **Action Planning**, and **Ongoing Reflection and Analysis**. These stages are not linear, but are interconnected and overlap, depending on the capabilities and aims of the alliance at any point in time. During **Foundation Building**, stakeholders come together with a common concern about maternal and neonatal health issues and problems. They must analyze both their assets and their needs related to maternal and newborn health and survival. Through dialogue and negotiation in the **Action Planning** stage, they come to a consensus regarding actions required to promote maternal and newborn health within their own environment and at other levels of society, and they organize themselves to undertake those actions. **Ongoing Reflection and Analysis** involves collective monitoring and documentation to determine and implement lessons learned on a routine basis.

The tools in this collection are divided into three sections based on these stages of development. They are intended to help safe motherhood alliances strengthen collective action and spark creative solutions to complex issues. The tools were developed to meet the needs of new and existing alliances as they build capacity and focus their actions, and can be altered or adapted to suit the specific needs of any group. Each of the tools can be used again and again as alliances change and grow.

Benefits of Safe Motherhood Alliances:

- Sharing collective knowledge and lessons learned
- Harnessing different skills from different people and organizations
- Fostering shared responsibility for safe motherhood
- Discovering common goals
- Generating popular support and political will
- Catalyzing action for birth preparedness and complication readiness
- Providing access to greater resources
- Being able to work at multiple levels (local/grassroots to national/policy)
- Seeking creative solutions and actions
- Fostering new leadership
- Sustaining momentum

Using This Guide

Aside from the energy and willingness to work together to achieve a common goal, the only requirements for undertaking the activities in this book are a few materials to record and share information (e.g., a flip chart, markers, and tape) and a skilled facilitator to conduct the activities and guide the group in discussion, negotiation,

and collaboration. A skilled facilitator should be able to elicit and respect diverse viewpoints, use participatory processes to foster ownership, and encourage shared responsibility for safe motherhood. Alliances should identify skilled facilitators prior to using these capacity-building tools. The facilitator may be a member of the alliance or someone from another organization. After using the tools, the key issues and lessons learned should be documented and distributed to the group, and used to inform collective efforts on an ongoing basis.

The tools in this guide can be used individually or as a series to move a group to action. Because the stages of alliance development do not function linearly, but as overlapping strategies to sustain commitment to and momentum for safe motherhood, the tools can be used in any order and should be selected based on the group's current needs and focus. Tools in the *Foundation Building* section focus on developing partnerships around a common concern and collaboratively analyzing assets and needs related to maternal and newborn health. Those in the *Action Planning* section involve planning and implementing actions for improving maternal and newborn health. Those included in the *Ongoing Reflection and Analysis* section address collaborative monitoring and documentation, examining alliance actions, and implementing effective leadership for alliance sustainability.

All alliances change over time. The tools are meant to inspire dialogue, negotiation, and collective action, and help the alliance sustain its commitment and momentum over the long term. It is important to remember that this document is a *guide* to support safe motherhood stakeholders. Alliances are encouraged to adapt the ideas and tools for their local context. Adapting the activities and capacity-building tools will foster ownership of the alliance's process and outcomes.

Each tool includes a purpose, objective, suggested time for the activity (which may be modified, depending on the size and make-up of the group), and tips for the facilitator. Throughout the guide, examples from the experience of the White Ribbon Alliance (WRA) for Safe Motherhood, as well as forms and additional tools created for and used by the WRA, illustrate how the tools have been implemented in the past. Although it may be useful to conduct these activities in capacity-building workshops, they can easily be conducted as part of regularly scheduled alliance meetings. Remember that the tools are meant to facilitate dialogue, negotiation, and collective action for maternal and newborn health. Use them as needed.

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Helpful hints for using the capacity-building tools:

- The facilitator should encourage all participants to share their experiences and formulate lessons learned.
- A climate of trust should be fostered so participation is encouraged and each participant's input is respected.
- It is important to be inclusive of the diverse viewpoints and experiences of all participants; relying on a single core group limits the information available.
- Constructive criticism allows for more open dialogue and sharing.

Important Concepts in Alliance Building

Capacity Building and Focused Action

Capacity building and focused action are central to social mobilization and the activities in this guide. Capacity building refers to the development of the skills and attitudes necessary to sustain an alliance and its mission over time. Focused action refers to the targeted activities carried out by alliances in the short term that generate the popular support and political will needed to improve safe motherhood. By combining focused action with capacity building, alliances are able to:

- Increase knowledge and awareness of maternal and newborn health issues at all levels of society,
- Encourage collaborative action by healthcare providers, communities, organizations, and policymakers,
- Promote birth preparedness and complication readiness,
- Mobilize new and existing resources (e.g., human, financial, and physical),
- Improve the quality of care, and
- Sustain a long-term commitment to saving women and newborns.

Birth Preparedness and Complication Readiness

The delays that contribute to maternal and newborn mortality can be averted with advance preparation and rapid action. Birth preparedness and complication readiness (BP/CR) is a strategy to increase the involvement of stakeholders at every level in improving timely access to life-saving care for mothers and newborns.

The MNH Program's *Birth Preparedness and Complication Readiness: A Matrix of Shared Responsibility* (the BP/CR Matrix) is a programming tool that details the responsibilities, actions, practices, and skills needed to help ensure the safety and well-being of the woman and her newborn throughout pregnancy, labor, childbirth, and the postpartum/newborn period. It outlines plans and actions that can be implemented wherever life-threatening delays may occur—at home, on the way to care, or at the place of care. The matrix promotes a comprehensive, empowering approach to maternal and newborn well-being by illustrating that policymakers, facility managers, healthcare providers, communities, families, and women share responsibility for safe motherhood and newborn health.

The matrix is essential for alliance capacity building and is used as a reference in many of the activities in this guide. It is reprinted, along with an explanation and examples of how it can be used, on pages 73–85.

Monitoring and Documentation

Ongoing reflection and analysis, achieved through collaborative monitoring and documentation, helps alliances identify successes and challenges, determine lessons learned, and improve their ability to achieve objectives. When done collectively, the

process of soliciting diverse viewpoints and experiences, and using them to inform alliance objectives and activities, fosters team building and trust among alliance members.

A monitoring system is the regular collection of standard information about an alliance's work. In a functional monitoring system, all members have agreed upon and know what information they are expected to collect, when to collect it, and how to use it. Effective monitoring and documentation provides the alliance with accurate data, which the alliance uses to learn from its activities, function more effectively, increase credibility, and obtain additional resources. Monitoring and documenting an alliance's efforts, and collaboratively analyzing and using this information constructively, is critical to the success of an alliance and its efforts to promote safe motherhood.

2

foundation-building tools

foundation-building tools

The tools in this section help to:

- Develop partnerships around a common concern for maternal and newborn health
- Analyze assets and needs related to maternal and newborn health

Tools	Intended Use
Personal Reflections on Maternal Mortality	To remember women who died in childbirth and find common ground among alliance members
Mapping Assets and Barriers	To foster shared responsibility for safe motherhood and newborn health, and to identify priority concerns for collective action
Developing a Shared Vision	To develop a shared, long-term vision for improving maternal and newborn health
Alliance Assets Inventory	To identify alliance resources
Tree Analysis	To identify the complex causes of maternal and newborn mortality and determine what the alliance can do about them
Building Trust	To promote team building and develop trusting relationships
Partnership Reflection and Analysis	To identify traits of successful partnerships

Personal Reflections on Maternal Mortality

Purpose

Sharing personal reflections on maternal mortality can help an alliance build shared commitment to a common cause, especially if the group is made up of diverse stakeholders (e.g., policymakers, providers, and community members) with varying perspectives. Discussing personal experiences is a good way for groups to find common ground and explore cultural, educational, and socio-economic differences among participants. This tool can be especially useful when an alliance is just taking shape. It can be used at the beginning of an alliance workshop or meeting to focus participants' attention, or at any point in the group's work to revitalize members' commitment.

Objectives

- To remember women who have died during childbirth
- To find common ground among alliance members
- To reiterate the need for, and strengthen commitment to, alliances for maternal and newborn health

Suggested time

Approximately 30 minutes

Steps

1. **Think** about a woman you know (or have heard about) who died during childbirth.
2. **Reflect** on this woman and her experiences: How did she die? What went wrong? Who or what could have saved her?
3. **Write** down your reflections.
4. **Share** your stories and remember the women who have been lost due to the multiple and complex factors that cause or contribute to maternal mortality.
5. **Post** the stories on a wall for everyone to read in their own time.
6. **Save** these reflections to refer back to when engaged in alliance action planning.

Tips for the facilitator

- Remembering women who have died in childbirth is emotional—a moment of silence may be an appropriate way to honor these women.
- The reflection time should be personal. Allow people to decide for themselves whether or not to share/post their stories.

Example: This tool was used in a workshop to facilitate the formation of a safe motherhood alliance in Zambia. One participant revealed that when his mother died in childbirth, his father became too despondent to care for him, and he was passed between family members for years. His story had a powerful effect on the group, and led to an intense discussion that helped to strengthen the group's commitment to the new alliance.

Mapping Assets and Barriers

Purpose

Identifying assets (resources) for and barriers (challenges) to maternal and newborn health is an important step toward focusing an alliance's priorities and abilities. This kind of activity is especially effective when an alliance is new, or has recently decided to address safe motherhood from a variety of stakeholder perspectives, but this tool can be used any time the alliance would benefit from identifying or revisiting safe motherhood assets and barriers. Use this exercise to guide future action planning and reflection.

Objectives

- To foster shared responsibility by helping stakeholders recognize their roles in and responsibilities to safe motherhood and each other
- To identify priority concerns and areas for collective action
- To translate priority concerns into action plans

Suggested Time

Approximately 1 hour

Steps

1. Briefly **review** the roles and responsibilities BP/CR Matrix (see pages 80-85) with the participants. Explain that saving lives requires shared responsibility at all stakeholder levels.
2. **Divide** participants into two groups: one will address policymakers, health facilities, and healthcare providers and the other will address communities, families, and individuals.
3. Each group should **choose** two priorities that the alliance should address for each assigned stakeholder level (two priorities for policymakers, two for health facilities, two for healthcare providers, and so on).
4. Have each group **brainstorm** the assets for and barriers to addressing these priorities at each stage of pregnancy, childbirth, and the postpartum/newborn period.
5. **Write** the priorities on flip chart paper (use one sheet of paper for each level).
6. **Tape** all flip chart papers to the wall, in the order in which they appear on the BP/CR Matrix.
7. **Present** the priorities (and assets and barriers) to the larger group.
8. **Discuss** the priorities chosen. Focus on these priorities as they relate to each other.
9. **Review** the BP/CR Matrix to identify and incorporate any information not yet addressed.
10. **Agree** on the priority concerns the alliance would like to address.

Tips for the facilitator

- It will be helpful to use the BP/CR Matrix as a guide, but it is not essential. The point is to get the group to focus on maternal and newborn health priorities, and any assets and barriers that

may be connected to achieving the necessary interventions. An example of a completed mapping exercise is shown below.

- Exercises in the Action Planning section will draw on the information gathered during this activity. Refer to the "Action Planning for Birth Preparedness and Complication Readiness" tool.
- If time is limited, use the BP/CR Matrix and ask the group to prioritize concerns based on the information in the matrix.

Example: This exercise was used in China to help four counties in Bazhong, Szechuan Province, begin to focus on evidence-based interventions. Workshop participants reviewed the BP/CR Matrix, which had been translated into Chinese, and identified priority interventions needed in their areas, and assets and barriers to implementing these interventions. Following this exercise the group agreed to bring more stakeholders into the fold and to follow up with strategic planning to agree on priorities and decide what action to take.

COMPLETED MAPPING EXERCISE FROM A WORKSHOP IN ZAMBIA

	National Policymakers	Healthcare Providers	Health Facility	Community	Family	Individual Woman
Assets	Knowledge of government policies and operations Linkages to various ministries Resources Power and influence	Clinical knowledge Willingness to improve health, help community Relationships with other providers and policymakers Influence	Building structure Providers Medicines Link to Ministry of Health and other providers	Supportive networks Local knowledge Resources Facilities Local decision-makers	Supportive of woman during pregnancy Family knowledge Share resources	Willpower Confidence Health Knowledge of body
Barriers	Inequitable distribution of resources (e.g., financial, human) Lack of political commitment to safe motherhood Limited capacity to articulate and implement policies Inadequate communication facilities Lack of defined policy on safe motherhood initiative	Negative attitudes because frustrating conditions of service Inadequate motivation Lack of resources Critical shortage of staffing Gaps in skill/ knowledge	Inadequate equipment and resources Inadequate funding Critical shortage of providers Lack transport Lack of inter-sectoral collaboration	Inadequate BP/CR knowledge Limited transport Inadequate skilled attendance Poverty Excessive beer drinking	Lack of BP/CR knowledge Distance to clinic Poverty Gender imbalance in decision-making Socialization during adolescence	Inadequate BP/CR knowledge Marginalized decision-making Traditional norms Low level of education of women

Developing a Shared Vision

Purpose

Alliance members have different reasons for being part of the alliance. This exercise, adapted from *Networking for Policy Change: An Advocacy Training Manual*, published by the POLICY Project, will help participants discover what kinds of long-term goals they have in common and foster a sense of spirit and solidarity. Use this tool when the alliance is engaged in long-term strategic planning or revising a strategic plan.

Objectives

- To develop a long-term shared vision for improving maternal and newborn health
- To bring alliance members to agreement on why they have come together
- To foster commitment and ownership

Suggested time

Two or more hours to allow time for discussion

Steps

1. **Cut out** the main headline on the front page of a local newspaper and tape the newspaper (with the headline cut out) to a wall for all participants to see. Discuss their reactions. The discussion will help participants analyze how a headline can attract attention to an issue.
2. **Explain** what a shared vision is and discuss why it is important: A shared vision is the long-term goal that the alliance sets for itself and will strive to achieve.
3. In small groups, **look 3–5 years into the future**, and imagine that the alliance has just achieved a major success.
4. Each group should **write** the headline and first paragraph of this success story.
5. **Present** headlines and paragraphs to the larger group.
6. **Discuss**, **agree upon**, and **document** a shared long-term vision for the alliance.
7. **Use** this vision for group action planning, to determine how to best achieve this vision and make national headlines.

Tips for the facilitator

- Share the White Ribbon Alliance's vision statement (see next page) with the group.
- Discuss the relationship between a shared vision and shared responsibility: What does one have to do with the other? How do they affect the alliance?
- Achieving a shared vision requires negotiation, risk-taking, and collaboration. Be prepared for a lively discussion.

Example: The global White Ribbon Alliance began in 1999 when a small group in Washington, DC, formed a long-term vision and vision statement to reflect their shared commitment to safe motherhood. The vision statement was then taken to a global WRA conference in India for further discussion, input, and modification before it was finalized. It is important that a process is put in place that allows all members to contribute to the vision.

The White Ribbon Alliance Vision Statement

The White Ribbon Alliance works to create a world where:

- It is a woman's* basic human right to achieve optimal health throughout pregnancy and childbirth for themselves and their newborns.
- Women are empowered to demand respectful, quality safe motherhood services and help other women to do the same.
- Women and newborns have access to essential and life saving safe motherhood services and information.
- Women and men are active members in the safe motherhood movement, are knowledgeable, and make decisions together that promote safe motherhood within their own families and their communities.
- Communities work together to address the effects of poverty, HIV/AIDS, armed conflict, violence against women and children, and gender inequities on safe motherhood.
- Governments set policies in collaboration with women, their communities, and other stakeholders and implement programs in support of safe motherhood.

*This includes all women of childbearing age.

Alliance Assets Inventory

Purpose

This exercise helps alliance members consider their collective strengths and assets before they begin seeking outside resources. Use this tool when an alliance first forms, or when an alliance could benefit from revisiting its members' assets and needs.

Objectives

- To identify alliance assets for future actions
- To build a sense of teamwork and get to know each other
- To begin thinking about leveraging resources to achieve shared vision and goals

Suggested time

At least 1 hour

Steps

1. **List** all of the alliance members on flipchart paper.
2. **Share** the assets that each member brings to the alliance (human, financial, and physical) and write these down. How can the alliance best use its members' assets?
3. **Identify** additional resources that are needed to promote birth preparedness and complication readiness and improve maternal and newborn health, which are not currently part of the alliance assets inventory. Where can these resources be found? How can they be mobilized by the alliance?
4. **Brainstorm** opportunities for collaboration and possible new partnerships, based on the alliance's assets and needs.

Tips for the facilitator

- An important reason to partner and organize alliances is to leverage resources from within the alliance.
- Distribute the assets inventory list to alliance members for future reference.
- Be creative in using members' assets for strategic planning and actions.
- Use the assets inventory to leverage resources for a common goal.
- An example of an assets inventory is shown on the next page.

Example: Assets Inventory

Alliance Member	Assets
Midwifery association	Clinical knowledge
International health organization	Computers, photocopiers, phones
Community group	Community trust and relationships
Individual member	Writing skills to help with documentation
Ministry representative	Access to government information and officials

Alliance Needs	Opportunities
Information linking reproductive health to human rights	Invite human rights organization to get involved
Behavior change communication specialist	Contact international NGO—ask if they are willing to work with alliance to develop safe motherhood messages
Media packets	Get help from local journalists; ask local artist to design media packet

Example: This exercise was used in a workshop to facilitate the formation of a White Ribbon Alliance in Haiti. Participants were surprised to discover how much they had to offer to initiate an alliance (in many countries, it is often assumed that if members cannot contribute money it is not possible to form an alliance). They found that some NGOs had office space; others had Peace Corps volunteers who could help; and still others, including government offices, had staff time they could contribute. From the assets inventory, they developed criteria for a secretariat, and the Albert Schweitzer Hospital volunteered to function as interim secretariat.

Tree Analysis

Purpose

This activity, adapted from *From the Roots Up: Strengthening Organizational Capacity through Guided Self-Assessment*, published by World Neighbors, focuses on what causes and exacerbates maternal and newborn mortality, and what the group can do to reduce it. Use this tool when the alliance is engaged in strategic planning to focus the alliance on using its strengths to address maternal and newborn health challenges and promote birth preparedness and complication readiness (BP/CR).

Objectives

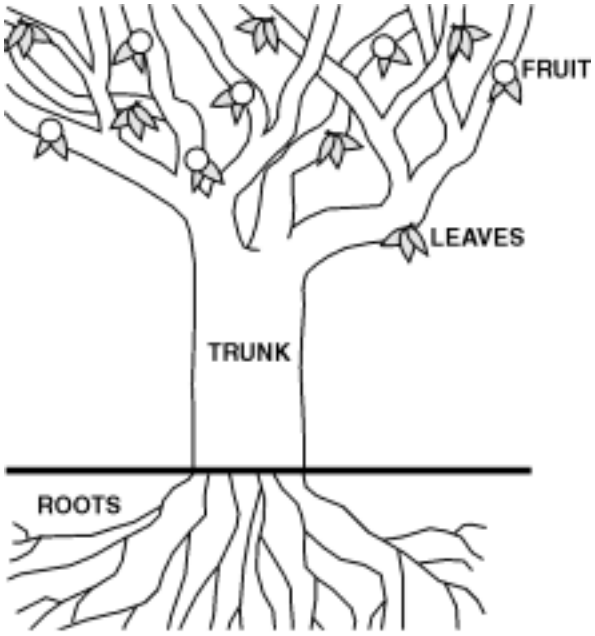
- To identify the complex causes of maternal and newborn mortality
- To discuss what the alliance can do to reduce maternal and newborn mortality
- To provide a framework for alliance action planning

Suggested Time

Approximately 1 to 2 hours

Steps

1. **Draw** a large picture of a tree on a sheet of flipchart paper.



2. **Brainstorm** the root causes of maternal and newborn mortality. **Record** responses on the picture, by the roots of the tree.
3. **Brainstorm** issues that contribute to maternal and newborn mortality. **Reflect** on the reasons for delays in receiving care and the need for BP/CR. **Record** the responses on the trunk of the tree.

4. **Think** about everything the alliance can do to reduce maternal and newborn mortality. How can it address the root causes of maternal and newborn mortality? How can it reduce delays and promote BP/CR? **Record** responses on the leaves of the tree.
5. **Brainstorm** the human, physical, and financial resources the alliance possesses to improve maternal and newborn health. **Record** the participants' responses as fruit in the tree.

Tips for the facilitator

- Use this tool to remind groups that they must remain focused on issues that can be addressed in both the short and long term.
- The BP/CR Matrix may be a useful aid.
- Discuss combining the clinical and non-clinical causes of maternal and newborn mortality (non-clinical causes include poverty, education, and so on). This can lead to a discussion of what type of representation is needed in the alliance to address these causes.
- This tool can be used prior to the "Alliance Assets Inventory" tool, if desired.

Building Trust

Purpose

This tool should be used as an icebreaker during meetings or retreats, or as part of a larger discussion when the alliance is experiencing challenges in working collaboratively.

Objectives

- To promote alliance team building
- To foster trust and collaboration

Suggested time

One hour or less

Steps

1. **Brainstorm** the meaning of "trust" with the group. **Discuss** why trust is important.
2. **Ask** participants to think about the people they trust in their lives. What characteristics do they share?
3. In two small groups, **reflect** on ways to build trust and to break trust.
4. As a large group, **discuss** ways the alliance can build trust between its members.

Tips for the facilitator

- Remind the group that working together, when everyone plays his/her role and follows through with his/her commitments, can help to establish trust.
- Review the example on the next page and discuss barriers to trust that may have occurred in the alliance. This exercise helps to reinforce the need for transparency when working collaboratively.
- Review these tips on teamwork (adapted from the POLICY Project's *Networking for Policy Change: An Advocacy Training Manual*):
  - ✓ Clarify roles, relationships, and responsibilities
  - ✓ Share leadership functions within the group
  - ✓ Use all member resources
  - ✓ Tolerate uncertainty and seeming lack of structure
  - ✓ Take interest in each member's achievements as well as those of the group
  - ✓ Remain open to change and creative problem-solving
  - ✓ Be committed to focusing the group's communication while permitting disagreements
  - ✓ Promote constructive criticism and feedback
  - ✓ Foster trust and commitment in the group
  - ✓ Encourage members to support and respect one another

Example: During a capacity-building workshop for the global White Ribbon Alliance, discussions about partnership-building revealed that one of the barriers to building trust among diverse partners (e.g., representatives from the government, health facilities, NGOs, and other groups) was power relationships. Participants indicated that trust among different groups of stakeholders is difficult to achieve. Developing mechanisms to reduce power differences and build trust among alliance members is critical. Some ways to do this include planning and carrying out events together, obtaining and fulfilling commitments from each other, sharing resources and information, using icebreakers, and getting to know each other personally.

Partnership Reflection and Analysis

Purpose

Successful partnerships recognize and value diversity, inclusiveness, participation, and collaboration. This tool will help participants reflect upon these and other characteristics of good partnerships. It is especially useful when an alliance is taking shape, or when an established alliance needs to reconsider or change its partnerships.

Objectives

- To identify traits of successful partnerships
- To help alliance members develop shared expectations for working together

Suggested time

Approximately 1 hour

Steps

1. In small groups, **discuss** the following questions:
   - What do successful partnerships look like?
   - What do unsuccessful partnerships look like?
   - What is important for successful partnerships?
   - What is expected of an ideal partner?
   - How can potential collaborations between organizations be discovered and explored?
2. **Share** thoughts with the larger group.
3. **Reflect** on what was discussed, and how it relates to the alliance. What can be done to strengthen existing relationships/collaborative efforts? How will the alliance evaluate the effectiveness of its partnerships?
4. **Brainstorm** how the alliance can strengthen its partnerships and collaborative actions for maternal and newborn health.

Tips for the facilitator

- Review the tips on teamwork from the previous activity, "Building Trust."
- Encourage participants to discuss as honestly as possible the reality of partnerships, including their challenges.
- The importance of partnerships and alliances is discussed in *Igniting Change! Accelerating Collective Action for Reproductive Health and Safe* Motherhood, produced by the ENABLE Project and the MNH Program, and *Developing Successful Global Health Alliances*, published by the Gates Foundation. These and other resources on partnerships are listed in Section 6.

Example: The White Ribbon Alliance in Indonesia (Pita Putih) has a diverse membership of women's organizations, religious institutions, health provider associations, and three government ministries. Pita Putih has chapters at the national, provincial, and district levels, and each organization brings different strengths, such as health expertise, grassroots organizing, and community education. These valuable and varied skills have been put to use during public awareness-raising events, through special events such as free prenatal check-ups given by midwives, educational speeches by ministry officials and other leaders, and educational entertainment (socio-drama) performed by community-based organizations. The total value of these voluntary activities has amounted to more than $100,000 US in goods and services.

3

action-planning tools

action-planning tools

The tools in this section help to:

- Plan and implement actions for maternal and newborn health

Tools	Intended Use
Using the Three Delays to Promote Birth Preparedness and Complication Readiness	To introduce alliance members to the concepts of the "three delays" and birth preparedness/ complication readiness
Action Planning for Birth Preparedness and Complication Readiness	To develop a 6-month action plan
Promoting Birth Preparedness and Complication Readiness at the Community and Family Levels	To help alliance members promote birth preparedness and complication readiness at the community and family levels
Special Event Planning	To help members plan a special event that will be a catalyst for future action
Messages for IMPACT	To develop action-oriented messages to promote birth preparedness and complication readiness
Using Stories to Promote Dialogue and Action for Birth Preparedness and Complication Readiness	To use stories as teaching tools for birth preparedness and complication readiness

Using the Three Delays to Promote Birth Preparedness and Complication Readiness

Purpose

Complications during pregnancy, childbirth, and the postpartum/newborn period are more likely to arise or worsen when a woman is delayed in **seeking care**, **reaching care**, and/or **receiving care**. A discussion of these "three delays" (described by Thaddeus and Maine in "Too Far to Walk: Maternal Mortality in Context") provides a useful framework for examining the causes of maternal mortality and the need for birth preparedness and complication readiness (BP/CR). This tool provides an introduction to the three delays and uses the concept of BP/CR to address their causes. Use this activity when updating alliance members' maternal and newborn health knowledge or when planning BP/CR interventions.

Objectives

- To familiarize alliance members with the three delays
- To help alliance members determine what they can do to promote BP/CR at multiple levels

Suggested time

Approximately 1 hour

Steps

1. **Explain** the three delays and how they relate to maternal and newborn mortality. Review the concept of birth preparedness and complication readiness.
2. **Brainstorm** the local causes for the three delays:
   - **Delay #1: Deciding to seek care**
     Who decides when a woman or newborn should seek care? What factors influence this decision? Who is or is not involved in making this decision?
   - **Delay #2: Reaching care**
     Once a decision is made to seek care, where do people go first for help? Who do they contact? How do people get to a health facility? What transportation is available? How do people pay for services needed to reach care?
   - **Delay #3: Receiving care**
     Once the woman reaches care, how does she receive care? What are the resources available at the health facility? Who works at the facility and how can they help? How long does it take for the healthcare providers to assist the woman and/or newborn? How is the needed and appropriate care received?
3. **Reflect** on what the alliance can do to reduce the delays and promote BP/CR at **all** levels.
4. **Use** this information when engaging in alliance action planning.

Tips for the facilitator

- Make the BP/CR Matrix available for review.
- Invite someone with good knowledge of the three delays and BP/CR to participate.
- Review evidenced-based knowledge and practices for maternal and neonatal health.
- Provide periodic technical updates to alliance members and others to provide accurate information and foster information equity.

Example: The White Ribbon Alliance in Indonesia (Pita Putih) used this tool to identify priority needs for BP/CR. With this information in mind, alliance members decided to use their resources to influence policy change at the district level, where many of the budgetary decisions for allocation of resources occur. In the district of Kuningan, the alliance was able to persuade the local official in charge of these allocation decisions to secure the equivalent of $40,000 US for a revolving fund to pay for the care of a skilled provider and treatment of complications for childbirth in all district villages.

Action Planning for Birth Preparedness and Complication Readiness

Purpose

This tool helps the alliance focus on the specific, short-term activities it intends to carry out to begin addressing its priority concerns. Use it after the alliance has identified a long-term vision and several priority concerns it would like to address.

Objectives

- To plan activities for a 6-month period
- To inspire solution-seeking and commitment to working together for birth preparedness and complication readiness (BP/CR)
- To ensure action to implement evidence-based practices

Suggested time

An hour or more

Steps

1. **Review** the group's shared vision and priority concerns for safe motherhood.
2. **Identify** one or two specific objectives (geared to promote BP/CR and reduce maternal and newborn mortality). Remember that objectives should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-bound (SMART).
3. **Select** activities to achieve these objectives over the next 6 months.
4. **Recreate** the chart below on a flip chart or chalkboard, and **fill in** the details for each objective.
5. Collectively **implement** the action plan.

Maternal and Neonatal Health Objective					
Activities	**Assets**	**Resources Needed**	**Responsible Party**	**Timeline**	**Measurable Outcome**

Tips for the facilitator

- Make sure that all stakeholders are represented and contribute to the action plan to ensure ownership, agreement, and commitment.
- Conduct this activity with as many alliance members (representing national, district, and local levels) present as possible.

- Use the "Mapping Assets and Barriers" and "Developing a Long-Term Vision" tools (or other similar activities) prior to action planning.
- Have information from previous activities available to review and share.
- Build on what already exists. Focus on assets and ways to expand and improve them.
- Follow up with the "Lessons Learned" tool after the actions are implemented.

Promoting Birth Preparedness and Complication Readiness at the Community and Family Levels

Purpose

This is an action-planning activity. It helps the alliance focus on activities to address birth preparedness and complication readiness (BP/CR) at the community and family levels. It is also effective when used with representatives from stakeholder groups at all levels (national, district, and community). All stakeholders will see how they are connected to BP/CR at the community, family, and individual levels.

Objectives

- To help alliance members think about how they could promote BP/CR at the community and family levels
- To stimulate reflection on and analysis of the three delays: deciding to seek care, reaching care, and receiving care

Suggested time

Approximately 1–1.5 hours

Steps

1. **Discuss** local-level assets and challenges, particularly the three delays, which contribute to maternal and newborn mortality.
2. **Brainstorm** attitudes and actions that communities and families can take for BP/CR.
3. **Create** a BP/CR checklist outlining appropriate attitudes and actions needed at the community and family levels.
4. **Reflect** on how the alliance can promote BP/CR at these levels.
5. **Develop** an action plan.

Tips for the facilitator

- Ask the group to consider what the alliance can do to help women, families, and communities reduce the three delays. What can they do to better understand and promote BP/CR?
- Some additional discussion questions for alliance members when considering BP/CR at the community and family levels:
    - What does the pregnant woman do to protect her baby's and her health while pregnant? Where does she get this information?
    - What types of preparations does she make as childbirth approaches? Who helps the woman in her preparations?
    - What types of problems can occur during pregnancy, childbirth, and the postpartum period? What can be done if the woman experiences these problems?

- What are the best actions to take to help a woman who is experiencing complications?
- Who can help? What problems can happen at the time of seeking help? How can they be addressed?
- Where does the woman get money/help for emergency transport?
- Where can she be brought to get help? Is the facility equipped to handle emergencies? What kind of obstacles can be experienced when seeking help?
- Who is involved in deciding how efforts to find help when a woman is experiencing complications during pregnancy, childbirth, or the postpartum period? What if those persons are not home? Who can provide help or advice in their stead?

Action Planning for BP/CR at the Local Level

In some countries, alliances may be able to use existing tools to facilitate action planning for birth preparedness and complication readiness (BP/CR) at the community and family levels. In Nepal, for instance, a Birth Preparedness Kit containing a flip chart and small reminder cards was developed to help volunteers discuss birth preparedness and create action plans with members of the community. The goal of action planning is to prevent delays that occur in the local context: Families should be aware of danger signs, plan emergency savings and emergency transport, get prior approval from the husband to seek emergency care in case he is away, obtain alternate caregivers for the household while the mother is away, and plan to give birth with a skilled provider when possible.

Alliances might decide to assess community resources and needs as part of the process of action planning for BP/CR at the community level. In Indonesia, for example, community facilitators worked with community members to define criteria that communities need to be considered an "alert village"—one with BP/CR systems in place. They used these criteria as they began planning new systems and improving existing ones.

An alert village has the following systems in place:

- A transport system that can be accessed 24 hours a day to reach emergency services
- A blood donor system that can be accessed 24 hours a day and has data about the blood type of pregnant women and donors
- A notification system that notifies (1) the midwife and the organizers of the transport, blood, and savings systems about each pregnant woman; and (2) the pregnant woman and her family about transport, blood, and savings systems
- A savings system that can be accessed 24 hours a day and is sufficient for emergency services at the hospital

Alliances can develop similar criteria to assess BP/CR and develop appropriate action plans for local communities' needs.

Special Event Planning

Purpose

This tool is intended to help the alliance plan for special events to raise awareness and draw attention to the issues the group is trying to address. It is advisable to incorporate this session into a daylong workshop that also includes the use of the "Mapping Assets and Barriers" and "Messages for IMPACT" tools.

Objectives

- To help the alliance plan an event that will raise awareness of its objectives and efforts and be a catalyst (or kickoff) for future action/activities
- To develop an event that builds trust and ownership among alliance members, provides opportunities for new partnerships, and builds support in the community

Suggested Time

Approximately 2 to 4 hours

Steps

1. **Brainstorm** why special events are used.
2. **Share** examples of events that participants have experienced. Which events did they value the most and why?
3. **Identify** the maternal and newborn health objective(s) the alliance would like to achieve through a special event.
4. **Think** creatively about when and where to have this event. Is there a holiday or festival that would be a good opportunity to get the alliance message out and objectives met?
5. **Agree** on a special event, holiday, or festival to plan an event around. See the examples on the next page.
6. **Discuss** how the alliance can take advantage of this event to achieve its maternal and newborn health goals and objectives.
7. **Develop** a work plan to implement the proposed event. Use the chart below, from the "Action Planning for BP/CR" tool, to assist the group.

Maternal and Newborn Health Objective					
Activities	**Assets**	**Resources Needed**	**Responsible Party**	**Timeline**	**Measurable Outcome**

8. **Think** about actions that might be taken after this special event to sustain the momentum. What does the alliance hope to initiate? Who does it want to mobilize? How can participants stay involved in alliance activities and improve maternal and newborn health?

Tips for the facilitator

- Remind the group that special events are opportunities to be creative in leveraging resources, involving more people, raising awareness, delivering action-oriented messages, and advocating for improved maternal and newborn health.
- The event needs to be part of a strategic plan that includes building support for an issue.
- The event should have clear objectives that can be part of a discussion of lessons learned following the event.

Special Events for Safe Motherhood

- In Nepal, safe motherhood groups chose Teej, a Hindu holiday that honors women and husbands, as a time to reach women with special messages about safe motherhood. Song contests, dances, and discussions have been used to reach women during the festival. Hindu women leaders helped to organize these safe motherhood activities, and the activities have become part of the annual Teej events.
- International Women's Day (8 March) is celebrated by alliances in Burkina Faso, Nepal, and Zambia, and the day is now associated with safe motherhood in these countries. The Zambia White Ribbon Alliance for Safe Motherhood also made this day the focus of its effort to secure the Minister of Health's commitment to safe motherhood issues.
- In April 2001, safe motherhood alliances in India devoted a special day to calling attention to the fact that the Taj Mahal was built to honor Mumtaz Mahal, the wife of the emperor Shah Jahan, who died after giving birth to their fourteenth child. Political leaders, film stars, and leaders helped to promote the event, which included a march to the Taj Mahal. Also in India, the White Ribbon Alliance encouraged the government to use the birthday of Mahatma Gandhi's wife as a special day to honor safe motherhood.
- In Indonesia, Kartini Day has traditionally been a holiday honoring the birthday of Radeng Ajeng Kartini, a great Indonesian woman leader. Few Indonesians were aware that Kartini's early death was due to complications from childbirth until the White Ribbon Alliance in Indonesia (Pita Putih) publicized this fact during national celebrations. Now they have annual Kartini Day events at the national and local levels to educate the public about safe motherhood.

These events gained attention through the media and high-profile supporters. They helped to foster new partnerships and alliances, and spurred them to further action (e.g., policy implementation in Nepal, greater political commitment in Burkina Faso and Zambia, increased funding by districts in Indonesia, and national adoption of a White Ribbon Alliance of India's best practices guide, *Saving Mothers' Lives: What Works*).

An Ongoing Special Event: The Ribbon of Life Quilt

The Ribbon of Life Quilt represents the commitment of individuals and organizations to promoting safe motherhood around the world. Originally assembled in 2002 at the first international White Ribbon Alliance conference in New Delhi, India, the quilt honors individuals and organizations that have saved a mother's or newborn's life and shows their commitment to safe motherhood and newborn health in their own communities, countries, and internationally. It also honors women and newborns who have died during pregnancy, childbirth, and the postpartum period throughout the world.

Examples:

Global conference in New Delhi, India

Koupéla, Burkina Faso

Each White Ribbon Alliance for Safe Motherhood member was encouraged to contribute one or more squares to this quilt. As quilt squares were added to the Ribbon of Life Quilt they showed the growing support worldwide for safe motherhood and newborn health. The quilt has been displayed and exhibited at workshops and events for safe motherhood in China, Ethiopia, Haiti, and Zambia. The White Ribbon Alliance in Burkina Faso found the quilt so moving that they created a similar quilt as a tool for increasing dialogue and involvement in safe motherhood activities in their country. These quilts are just one means of sharing information and generating awareness.

Messages for IMPACT

Purpose

The acronym "IMPACT" is used to represent action-oriented messages that are Inspiring, Memorable, Positive, Attention grabbing, Clear, and Taken from practical experience. This tool, adapted from *Advocacy in Action: A Toolkit to Support NGOs and CBOs Responding to HIV/AIDS* (produced by the International HIV/AIDS Alliance), can be used by alliances to design standard messages for that promote birth preparedness and complication readiness (BP/CR). To achieve standardized and consistent messages, alliances should create messages that relate to their shared vision and priority concerns.

Objectives

- To develop action-oriented messages to promote BP/CR
- To help the alliance encourage safe motherhood stakeholders to act on its priority concerns for BP/CR

Suggested time

1–2 hours

Steps

1. **Divide** the group into two teams. Have each team:
   - **Select** a target audience
   - **Create** a BP/CR message based on the alliance's priority maternal and newborn health concerns
   - **Decide** how the message would be delivered (e.g., over the radio, in community dramas, at a clinic)
2. **Deliver** the messages to the larger group, and have the larger group act as the target audience.
3. Get **feedback** from the group on the effectiveness and IMPACT of the message. Is it **I**nspiring? **M**emorable? **P**ositive? **A**ttention-grabbing? **C**lear? **T**aken from practical experience?
4. **Discuss** how the alliance will use these messages, and if the messages are effective alone or need to be part of a larger strategy.
5. **Confirm** that the messages are consistent with evidence-based maternal and newborn health information.

Tips for the facilitator

- The acronym IMPACT is meaningful in English, but may not be when translated into another language. If using another language, create an acronym similar to IMPACT that makes sense in the local language and retains the IMPACT characteristics.
- Remind participants that a message is not a slogan. For example, "Be Prepared" is a slogan; "Plan for your pregnancy: You can save your life and your baby's" is a message. The message should be used and tested, and should focus on action.

- The development of a clear and concise message can be challenging. It is helpful, but not essential, to enlist the assistance of communication specialists when designing a message strategy (see "Tips for Delivering an Effective Message" below).
- Once the alliance decides on the use of certain messages, use the "Action Planning for Birth Preparedness and Complication Readiness" tool to implement appropriate actions.

Tips for Developing an Effective Message

- ✓ Know your audience
- ✓ Know your political environment and moment
- ✓ Keep your messages simple and brief
- ✓ Use real life stories and quotes
- ✓ Use precise, powerful language and active verbs
- ✓ Use clear facts and numbers creatively
- ✓ Adapt the message to the medium
- ✓ Allow your audience to reach their own conclusion
- ✓ Encourage audiences to take action
- ✓ Present a possible solution

Excerpt from *A New Weave of Power, People & Politics*, World Neighbors

Additional Activities

Information equity results when information flows through culturally and politically appropriate channels that increase awareness and accurate knowledge about issues among all stakeholders, from individuals and communities to providers and policymakers. To achieve information equity, safe motherhood alliances must disseminate standardized messages and information about maternal and newborn health in ways that all participants can understand. A variety of methods of communication should be used, depending on the target audience. If an event is planned to build awareness at the policy level, for example, advocacy strategies should be used. Messages aimed at the community level might be delivered through street drama and discussions. Alliance activities to address information equity include the following:

- Developing a birth preparedness/complication readiness guide that communities can use
- Working with NGOs to develop an advocacy meeting with policymakers
- Developing appropriate dramas for communities
- Working with the media to ensure that alliance information reaches the general public
- Developing discussion guides to be used by community members, midwives, and others

Using Stories to Promote Dialogue and Action for Birth Preparedness and Complication Readiness

Purpose

When the alliance needs creative ideas to foster dialogue and promote birth preparedness/complication readiness (BP/CR) ideas and actions, share a story with participants or invite them to share their stories. Stories focus on the human experience and can illustrate key concepts in a way that data cannot. This activity is intended to get participants thinking about their own experiences, and how they can use those experiences to inspire or instruct others.

Objectives

- To demonstrate how stories can be used as teaching tools for BP/CR
- To stimulate dialogue and inspire action for BP/CR

Suggested time

At least 1 hour

Steps

1. **Select** a story about a mother who survived a difficult childbirth, or a mother who did not survive due to complications (there should be a BP/CR message in the story).
2. **Share** this story.
3. **Discuss** the story: What went right or wrong in this story? What can we learn from it?
4. **Determine** what role the alliance can play in promoting BP/CR at multiple levels.

Tips for the facilitator

- Remind participants that stories can provide opportunities to share accurate, evidenced-based information about maternal and newborn health.
- Discuss with participants how to use stories to further their work.
- Encourage participants to reflect on the stories and incorporate their lessons into alliance action planning.
- Share the example on the next page, and use the discussion questions as supplemental activity, if time permits.
- When using a true story, maintain the anonymity of the people involved, if they so desire.
- Use stories to develop scripts for community theatre and interactive education.

Working with the Media

The Indonesian White Ribbon Alliance works with the media to publicize its events and information about efforts to reduce maternal and newborn mortality. For example, a national newspaper, *Media Indonesia*, published a news article about a rural midwife, Nur Chotimah, after she received the "Best Midwife" award from the Indonesian White Ribbon Alliance ("Getting Acquainted by Going Door to Door," *Media Indonesia*, 7 January 2003). The article featured her experiences saving lives, and the importance of having the support of family and community members. She told the news reporters about a case in which a woman in labor needed to be brought to the hospital because she experienced difficulties that threatened her life. Before the other family members could transport her, they had to obtain the husband's permission. Despite the family's efforts to persuade him, he would not give permission. Finally, the family decided to bring the woman to the hospital anyway. The woman was saved, but the delay nearly cost her life.

For tips on working with the media to promote safe motherhood, see *Awareness, Mobilization, and Action for Safe Motherhood: A Field Guide*, published by the White Ribbon Alliance for Safe Motherhood (2000).

Additional Activity

A story about a midwife in Indonesia appears on the next page. Alliance members can use it as a case study and discussion tool, using the following questions to stimulate discussion.

Discussion Questions

1. What actions would be needed at each BP/CR level (policy, facility, provider, community, household, and individual) to support the work of a village midwife?
2. How can health providers and communities support each other in their efforts to improve maternal and newborn health?
3. How can health providers better work together to promote and respond to maternal and neonatal health challenges in the community?
4. What can the alliance and its members do to support healthcare providers and communities to promote BP/CR and improve maternal and newborn health?
5. Is there information that the alliance would like to have covered in the media?

Case Study: Midwife-Community Partnership in West Java, Indonesia

Fostering Mutual Respect

A midwife named Putri, who started her practice as a newcomer to a village in 1995, was able to win the trust and respect of the local community. Putri took many steps to demonstrate to the community that she came both to teach and to be taught, to discover together the best way to care for the health of the community.

Putri recalls that it was a difficult adjustment when she first came to the village. She is from Bali, which has a different culture and language than West Java. She was strongly motivated to learn every detail about the village, starting with the geographical boundaries and all the subdivisions within.

Putri considers herself to be a collaborator with community health volunteers, not someone who is superior because of her midwifery education. One of the crucial things that Putri addressed very early when she arrived in the village was the need to develop a good relationship with the traditional birth attendants (TBAs) in the village. Because there was not a midwife available to serve the village before Putri came, nearly every birth was helped by a TBA. Putri approached each TBA individually to get acquainted, and did not bring up the issue of professional status when introducing herself.

Collaborating with the Community

The caring that Putri shows to pregnant women is also extended to the community at large. For example, she asked the local officials who oversee the neighborhoods to start putting a special symbol on the houses where pregnant women live. They decided to hang a purple flag on a pole outside the women's homes. That way the community would know that a pregnant woman living in the home might need help from neighbors.

Putri uses her own car as an ambulance when it is needed, but there is also a community transport system in place 24 hours a day for pregnant women. The transport system includes several other car owners who are willing to help. Putri also took the initiative, with the help of health volunteers, to involve owners and managers of local factories in the area around the village in community health efforts. For example, a furniture company donated the poles used to hang the flags at women's homes. Factories routinely donate funds for the health outreach posts, including funds to provide nutritious snacks for the young children who come to the post with their mothers. The size of the donations varies from 5,000 to 50,000 rupiah. Each donation is carefully recorded in an account book, which notes the name of the person collecting the donation as well as the source of the donation. The health volunteers collecting the contributions are allowed to keep 10 percent of the full amount collected, as compensation for their effort each month.

Putri acknowledges that it is still a challenge to organize funds for pregnant women. She says the community is still not accustomed to the practice. Some women and their families put money in savings, but the amount varies greatly.

4

ongoing reflection and analysis tools

ongoing reflection and analysis tools

The tools in this section help to:

- Determine and implement lessons learned

Tools	Intended Use
Experiential Learning Cycle	To encourage ongoing reflection and analysis
Lessons Learned	To identify lessons learned and develop next steps
Monitoring and Documenting Activities	To monitor and document alliance activities and collect data
Setting Up an Alliance Monitoring System	To collect data about how the alliance is functioning
Social Mobilization Indicators of Success	To monitor and document alliance process and outcomes and gauge how members are feeling
Capturing Collective Action	To collect information about stakeholder contributions and the impact of collective action
Collaborative Leadership	To underscore the value of leadership committed to a collaborative process
Developing an Alliance Leadership Structure	To help alliance members reflect on what type of leadership structure they may want/need

Experiential Learning Cycle

Purpose

This tool encourages ongoing reflection and analysis, and helps alliance members identify lessons learned from their efforts. It is best used periodically, on an ongoing basis, after several activities. It can also be used at any time the alliance is engaged in reflection and analysis: after an activity, when analyzing lessons learned, or when engaged in strategic planning for the future.

Objectives

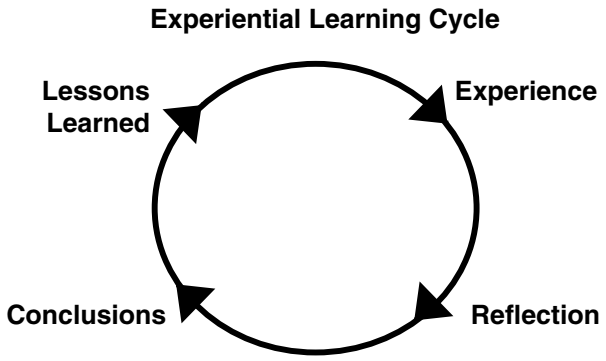
- To facilitate collective ongoing reflection and analysis and identification of lessons learned for program improvement
- To familiarize alliance members with the experiential learning cycle

Suggested time

30 minutes to 1 hour

Steps

1. **Draw** the experiential learning cycle (below) on a piece of flip chart paper. As a group, **review** the cycle.



2. **Reflect** on each phase:
   - **Experience**: Describe the focused actions carried out by the alliance. What did participants experience? How does this compare with what was expected?
   - **Reflection**: Was the action carried out by the alliance? How were decisions made? Who was involved? Who was not involved who could have been? What assets were/were not mobilized? What other assets could be used in the future? How do alliance members feel about recent activities?
   - **Conclusions**: What went well? Were there any unexpected successes or challenges? What could have been done differently? How would you like the alliance to carry out activities in the future?
   - **Lessons Learned**: What was learned from this activity?
3. **Discuss** how the alliance will use the lessons learned.
4. **Document** and distribute the lessons learned to alliance members for future use.

Tips for the facilitator

- Repeat this exercise often to help the alliance implement the lessons learned and ensure ongoing reflection and analysis for program improvement.
- The experiential learning cycle is based on the belief that "learning by doing" is one of the most effective ways for adults to learn. Be sure to keep this theory in mind in all alliance capacity-building activities and focused actions for maternal and newborn health.

Lessons Learned

Purpose

This activity provides an opportunity for the group to celebrate its success and review lessons learned after every alliance activity.

Objectives

- To collectively identify lessons learned
- To help the alliance sustain momentum by developing next steps immediately following an activity
- To objectively and constructively analyze alliance actions and progress

Suggested time

Approximately 1 hour

Steps

1. **Invite** stakeholders to come together after an alliance activity to celebrate and evaluate their accomplishments and to plan next steps.
2. **Reflect** on the activity. Review the event's objectives and discuss what went well and what could be improved.
3. **Identify** achievements, challenges, and lessons learned for each objective.
4. **Identify** next steps to sustain the momentum generated with this recent activity.

Tips for the facilitator

- Use the example on the next page to illustrate how lessons learned and next steps can be documented.
- Set up the room in a celebratory style, displaying materials from the event, including copies of any media coverage. Provide food and drink to create a fun, positive environment.
- Cite and celebrate achievements and acknowledge the contributions of all members.
- Use this tool after every alliance activity to reflect on and summarize what is working or can be improved over time.

Example: Identifying Lessons Learned and Next Steps

Objectives	Achievements	Challenges	Lessons Learned
Have a drama to raise awareness about birth preparedness and complication readiness, and engage people in discussion	150 people participated	Few men present due to work schedules	Timing important if men to be reached
Generate media coverage	2 newspaper reporters were there	Most widely read newspaper was not represented	Better media relations and outreach needed
Provide opportunities for continued participation with action groups	Drama group got community excited to form action groups	Follow-up with action groups will be difficult	Plan must be in place for alliance members to do follow-up

Next Step	Responsible Party	Time frame	Discussion	Expected Result
Schedule meeting with local men's group to determine their interests	Mary Ernest	August	People could not agree on men's group; decided to invite representatives from several men's groups	More men involved
Hold journalism meeting to discuss safe motherhood and how to get media more interested in alliance activities	Cecelia Rick	September	Need to put together alliance press packets with current evidence-based maternal and neonatal health information	More newspaper coverage; better relations with media
Meet about how to make action groups more effective	Community outreach committee	June	People like this idea, but agree it will require greater time commitment by the committee	Continued involvement of community action groups as safe motherhood advocates

Monitoring and Documenting Activities

Purpose

Collaborative monitoring and documentation helps the alliance identify successes and challenges, determine lessons learned, and improve its ability to achieve objectives. It also fosters teambuilding and trust among alliance members. Collaborative monitoring and documentation requires stakeholder participation, skilled facilitation, constructive feedback, flexibility, and creative problem solving. Use this tool after each alliance activity.

Objectives

- To collaboratively monitor and document alliance activities
- To collect data, which will help the alliance increase its credibility and obtain external resources

Suggested time

Approximately 1 hour

Steps

1. **Reflect** on the alliance's overall objectives with regard to (a) safe motherhood and (b) sustaining the collaborative.
2. **Discuss** the information the alliance needs to document its successes and challenges related these objectives. Divide into two small groups, one to discuss (a) and one to discuss (b).
3. **Brainstorm** how to collect this data on a routine basis.
4. **Agree**, as a large and representative group, what information to collect and how.
5. **Create** a data collection form (see Local Level Tracking Tool on page 59). This can be done by a subcommittee and brought back to the larger group to revise and approve.
6. **Distribute** the data collection tool and develop a monitoring and documentation system.

Tips for the facilitator

- Balance large alliance data needs with individual member organization needs; perhaps these two can overlap.
- Data collection can include both quantitative (numerical) and qualitative (descriptive) data. Both are needed to capture the experiences and accomplishments of the alliance and its members.
- Activity monitoring forms create institutional memory—a record of alliance progress for internal and external audiences. The Activity Monitoring Form on page 53 can be adapted to meet your alliance needs. Adapting the form is a good group activity for building trust and shared expectations.
- Complete the activity monitoring form as a group, with diverse member representation, so that there is consensus on what type of information the alliance would like to collect.

- File all activity monitoring forms and use them for alliance evaluations, fundraising, and to reflect on what the alliance has accomplished.
- Make it fun! This process helps everyone feel good about what they have done.

Example: In Nepal, safe motherhood advocates used this process within a week of their first national "Clean Delivery" event in 1996. The event planners and representatives from the groups involved came together to share photos and exchange success stories from the field. A discussion followed and a flip chart was used to document challenges and outline next steps. The group agreed that the main success was the national attention brought to the topic via the media. The group decided to harness the momentum generated by this activity and use the attention the media provided as a platform to gain political support to move the safe motherhood agenda forward.

Activity Monitoring Form

Introduction

Alliance/program stakeholders should use this tool[4] after implementing an activity. Information provided about the experience should be used to guide reflection, formulate conclusions, and develop lessons to improve future programming.

Activity Overview

Activity: _____

Date of Activity: _____

Location of Activity: _____

Level of Activity *(Check all that apply)*:
__ National __ District __ Health facility __ Community __ Household __ Individual

Objectives of activity:

Group skills strengthened through this activity:

Barriers to Birth Preparedness and Complicated Readiness addressed by activity:

Planning

Who was there?

__ Local community members
__ Service providers
__ NGOs/CBOs
__ Private Sector
__ Government
__ International agencies/donors
__ Other key decision-makers
(specify:_____)

Gender Balance

__ Approximately 75–100% women; 0–25% men
__ Approximately 50–75% women; 25–50% men
__ Approximately 25–50% women; 50–75% men
__ Approximately 0–25% women; 75–100% men

[4] Developed by the Maternal and Neonatal Health Program, 2004.

Implementation

Total number of people in attendance: _____

Who was there?

__ Local community members
__ Service providers
__ NGOs/CBOs
__ Private Sector
__ Government
__ International agencies/donors
__ Other key decision-makers
(specify:_____)

Gender Balance

__ Approximately 75–100% women; 0–25% men
__ Approximately 50–75% women; 25–50% men
__ Approximately 25–50% women; 50–75% men
__ Approximately 0–25% women; 75–100% men

Resource Mobilization

Resources provided by group members:

Resources provided by others:

Type(s) of media coverage:

Did the activity include opportunity for discussion and/or reflection?
__ Yes __ No

Learning and Followup

Did the group meet together after the event to evaluate the event and discuss lessons learned?
__ Yes __ No

Key lessons learned from activity (use as much additional paper as needed):

Next steps (use as much additional paper as needed):

Setting Up an Alliance Monitoring System

Purpose

This tool will help alliances establish and maintain a **system** of monitoring. A monitoring system is the regular collection of standard information about an alliance's work. In a functional monitoring system, all members have agreed upon and know what information they are expected to collect, when to collect it, and how to use it. Effective monitoring provides the alliance with data, which it can use to learn from its activities, function more effectively, increase credibility, and obtain external resources.

Objectives

- To collect data to gauge alliance success
- To collaboratively monitor and document alliance growth and results

Suggested time

Approximately 3–4 hours

Steps

1. **Discuss** the meaning, benefits, and challenges of a monitoring system for the alliance.
2. **Agree** on what information will be useful for the alliance to monitor.
3. **Adapt** the Local Level Tracking Tool on page 59 to fit the needs of your alliance.
4. **Decide** how the monitoring system will function. Decisions may include establishing dates for the reporting cycle, assigning roles and responsibilities for carrying out the monitoring system (such as who collects, summarizes, or analyzes the information), and establishing channels and expectations for information sharing.
5. **Explain** to all alliance members how and when to use the monitoring form.
6. **Discuss** how alliance members can use the information gathered to learn from each other.
7. **Pilot-test** the tool by having a few members try it. Have them share their experiences with the group.
8. **Revise** the tool based on the pilot-test experience.

Tips for the facilitator

- Use this only after an alliance has reached a stage of development in which it is starting to organize structures and rules for operating.
- Introduce the concept of a monitoring system and the Local Level Tracking Tool to the members in a workshop. (A sample agenda for such a workshop is shown on page 57.)
- Ensure that participants understand the purpose of collecting the information, and allow participants to make suggestions about important information to collect, how often to report the information, and how to use the information.

- Typical challenges with monitoring and documentation include not having sufficient staff to contact all the members and compile the data, and motivating members to complete the forms. Discuss challenges and how to overcome them with the group.
- After alliance members have completed the monitoring form at least once, bring several members together. Pair off and ask members to read their partner's monitoring form and discuss the information. Have the pair report back to the group about things they may have learned or may want to try based on what their partner reported on the monitoring form.

Additional Tips

Motivating members to use the monitoring form and system:

- Share information at global conferences, general meetings at the country level, and on websites at the global and national level.
- Share information from monitoring forms in White Ribbon Alliance newsletters (national and global).
- Provide incentives and/or recognition for completing and returning forms on time.

Moving information from the local to the national level:

- Ask members to complete the forms at meetings and collect the forms right there.
- Use couriers—other organizations that are traveling to an area near a member can retrieve forms and bring them back to the alliance secretariat.
- To complete the form, conduct interviews with local members on the phone, in person through field visits, or at national conferences/meetings. Then keep one copy of the form with the secretariat and give a second copy back to the member for their records.

Example: In Indonesia, the White Ribbon Alliance (Pita Putih) secretariat used this tool to gather information about activities at the national, district, and local levels. To do this, the secretariat held a workshop with various members to gather information about their work. This allowed members to revisit what they had done together and exchange information about strategies and accomplishments.

Sample Agenda of a Workshop to Establish a Monitoring System

White Ribbon Alliance Capacity-Building Workshop, November 2003
M&E Workshop
1:30-5:30pm November 12, 2003

Objectives:

- Adapt example monitoring form to the needs of the alliance
- Build skills in collecting information of work of the alliance members
- Build skills in using the information for learning and decision-making within the Alliance

1. Objectives and agenda; characteristics of monitoring systems	1:30–1:45pm
2. Present an example of a monitoring form. Adapt the form to local needs or develop a new form that is more appropriate.	1:45–3:00pm
3. Building skills of local members to self-monitor and report to the national secretariat (using the Local Level Tracking Tool)	3:00–3:30pm
4. Break	3:30–3:45pm
5. Discussion/brainstorming: Strategies to motivate local members to complete the tools, challenges encountered by White Ribbon Alliance secretariats	3:45–4:15pm
6. Activity: Interpreting and using information for advocacy, learning, and decision-making Example: Members perform a role play in which some members play a donor and others practice using their monitoring data to encourage the donor to support their alliance.	4:15–5:30pm

White Ribbon Alliance Local Level Tracking Tool[5]

For LOCAL WRA members (such as Red Cross, CARE, local NGOs, etc.)
to complete and give to the WRA National Secretariat

REPORTING PERIOD

☐ January to June _____ (year)

☐ July to December _____ (year)

Name of WRA member organization: _____

In the table below, please list and describe the SAFE MOTHERHOOD activities that your WRA member participated in during the last reporting period.

Type of activity (national awareness days, workshops, seminars, community actions, others—specify)	**Date(s) of the activity**	**List the organizations involved in planning and implementing the activities**	**Location of event** (name of province/ state/region, district, and city/ township/ village)	**Type of leader(s) who participated** (religious, political, traditional, private sector, others [specify])	**Name of organizations that funded or provided resources for the activity**	**Newspaper clippings/ photographs attached**
1.						
2.						

(Please add extra lines as needed.)

Sum up the totals from the rows above. For cell 'A' write the total number of activities conducted. For the location (in cell 'B'), count up the number of districts with activities. Do not count any district more than once.

a)			**b)**			

[5] Developed by the Maternal and Neonatal Health Program, 2004.

Political Support

During the last reporting period, have government officials made statements or written letters of support, or made any appearances at events?

How many statements, letters, appearances, or other forms of political support did you receive? **c)**

Please describe the political supports below:

Policy Changes

During the last reporting period, has your WRA member contributed to any changes in rules/protocols followed at health facilities or in policies related to safe motherhood?

How many changes? **d)**

Please describe the changes below:

Donations and Fund Raising

Donations and Fund Raising	Total cash value (Estimate the cash value of goods and services if you can)
Cash donations: Who made donations of cash?	
List types of goods donated (place the donor in brackets):	+
List types of services donated (place the donor in brackets):	+
List types of fund-raising activities conducted:	+
Total cash value of money, goods and services donated and funds raised:	e) =

Social Mobilization Indicators of Success

Purpose

This tool is useful for soliciting feedback from alliance members and monitoring the alliance's collaborative process and outcomes. It is important for members to reflect on alliance collaboration, and to determine how the alliance is functioning (process) to achieve safe motherhood goals (outcomes). This tool can be adapted to reflect indicators of success that the alliance has chosen, and should be used once or twice per year to monitor the alliance's collaborative process and outcomes. The alliance leadership should monitor the suggested indicators of success over time to ensure that the alliance is moving in the right direction. The information collected during this activity will be very useful for alliance monitoring and documentation.

Objectives

- To collaboratively monitor and document alliance process and outcomes
- To engage the alliance in periodic reflection on how well the group works together to achieve its goals
- To provide an opportunity for alliance members to discuss how they are feeling

Steps

1. **Adapt** the Social Mobilization Indicators of Success Form on pages 63–65 to reflect what the alliance considers indicators of success—for both process and outcomes.
2. **Reflect** on the indicators for success as a group, and discuss how these processes and outcomes help the alliance achieve its goals.
3. **Select** the indicator/response that best represents your opinion in response to each question on the form. This process can be informal: if the group feels comfortable talking about it together, the group could go through the form together and discuss their opinions. Or the process can be more formal: distribute the forms and ask people to select their responses anonymously in writing. If the process is formal, collect the forms and tally up the answers.
4. **Explain** the general results to the group.
5. **Discuss** what members are feeling, what the alliance has achieved, and what it can do to improve its process and outcomes.

Tips for the facilitator

- The Social Mobilization Indicators of Success Form should be revised according to the alliance's vision and priorities.
- This tool should be a catalyst for discussion of the alliance's process and outcomes. All opinions should be respected and comments should be constructive.

- There are no right or wrong answers. However, it is doubtful that the group will attain the goal for all of the indicators of success.
- The group's responses should be discussed and then recorded, dated, and filed along with the comments from the discussion.
- This tool might be difficult to translate; if necessary, revise it to make it easier to understand.

Social Mobilization Indicators of Success Form

A. Partnerships

	Indicator 1	Indicator 2	Goal
Is there a spirit of cooperation among partner members?	Members do not have supportive or cooperative relationships	Some members maintain supportive and cooperative relationships	All members maintain supportive and cooperative relationships
Are partner members sharing experience, ideas, and lessons learned?	No sharing occurs	Sharing occurs occasionally and is limited	The group regularly shares experiences and ideas, and determines lessons learned
Is there good communication between the member organizations?	Members are not kept informed about group plans and activities	Some members are kept informed about group plans and activities	All members kept informed about group plans and activities
Is there regular interaction between the group and government?	There is no interaction between the group and government	Interaction between the group and government is rare	Interaction between the group and government occurs regularly

B. Participation/Representation

	Indicator 1	Indicator 2	Goal
Do members participate in the group?	Members do not participate in meetings and activities	Some members participate in meetings and activities	All members participate in meetings and activities
Do members participate in group decision-making?	There is no group decision-making	Decisions are made by a few members, while others have no input	All members have equal input into decision-making
Is the group eliciting both community and health sector perspectives to inform maternal and neonatal health programming?	The group does not elicit both community and health sector perspectives	The group occasionally elicit both community and health sector perspectives	The group systematically elicits both community and health sector perspectives to inform maternal and neonatal health programming
Does the group represent the perspectives of diverse members of communities (e.g., gender, age, class, ethnicity, socioeconomic status)?	The group is not representative	Some community perspectives are represented	All community perspectives are sought, represented and respected

C. Strategic Planning and Action

	Indicator 1	Indicator 2	Goal
Does the group engage in strategic planning (action plan with clear objectives)?	No planning takes place	Few activities are based on a strategic plan	All activities are based on a strategic plan
Does group leadership facilitate coordination and action?	Leadership is not facilitative	Leadership occasionally facilitates coordination and action	Leadership always facilitates coordination and action
Does the group evaluate its activities to determine lessons learned?	Group never evaluates activities	Group occasionally evaluates activities	Group always evaluates activities and determines lessons learned
Is the group achieving its short-term objectives?	Objectives are not achieved	Objectives are partly achieved	Objectives are fully achieved

D. Advocacy

	Indicator 1	Indicator 2	Goal
Has the group raised awareness of maternal and neonatal health?	Group has not raised awareness	Group has raised awareness among its own membership	Group has raised awareness among its own membership and a substantial number of other groups
Has the group influenced policy/decision makers?	Group has no influence on policy/ decision makers	Group has some influence on policy/ decision makers	Group has substantial influence on policy/ decision makers
Are diverse organizations/ sectors involved in promoting maternal and neonatal health?	Group has no links with other organizations/ sectors	Group has some contact with other organizations/ sectors	Group has regular contact with other organizations/ sectors; joint coordination and activities occur
Is mass media used effectively to raise awareness about maternal and neonatal health issues?	Group has no contact with mass media	Group has limited contact with mass media	Group has regular contact with mass media, ensures coverage of activities and distributes press packets about maternal and neonatal health issues

E. Resource Mobilization

	Indicator 1	Indicator 2	Goal
Has the group identified member organization skills and resources?	The group has not identified member organizations' skills and resources	Some member organizations' skills and resources identified	All member organizations' skills and resources identified, and used for planning and action
Do member organizations contribute equally to group activities?	Members do not contribute to group activities	Some members contribute to group activities	All members contribute equally to group activities
Has the group been successful in mobilizing additional government resources for maternal and neonatal health?	No additional government resources mobilized	Group has been a bit successful in mobilizing additional government resources	Group has been very successful in mobilizing additional government resources
Has the group been successful in mobilizing other external resources?	No other external resources mobilized	Group has been a bit successful in mobilizing other external resources	Group has been very successful in mobilizing other external resources

Capturing Collective Action

Purpose

When stakeholders are not accustomed to working together, they may not see the contributions that can be made by other stakeholders. This exercise can be used to help newly formed alliances understand how each member contributes to the success of the alliance. By working collectively, alliance members benefit from each other's talents. By monitoring their work, group members will see that none of them can do the work alone, and more is achieved when they work together. This tool can be used to build a sense of community between the members, to help the alliance develop a monitoring and documentation plan, and to help the alliance document how its collective action has improved maternal and newborn health.

Objectives

- To determine what information should be collected about stakeholder contributions to the alliance, and the impact that this collective action has had
- To determine how this information can be used

Suggested time

One to 2 hours

Steps

1. **Identify** the alliance stakeholders at each level (policymaker, health facility/healthcare provider, community, families, women).
2. **Describe** each stakeholder's role and contribution to the alliance.
3. **Discuss** the impact of collective action on the alliance's work. How has the involvement of different people and organizations helped the alliance achieve its goals?
4. **Decide** what to document to capture the impact of the alliance's collective action.
5. **List** ways that the alliance could use the information it collects.
6. **Suggest** formats for disseminating this information. Who does the alliance want to reach and how can it creatively disseminate this information?
7. **Make** a timeline, identify steps, and determine who is responsible to help implement this plan.

Tips for the facilitator

- Share this information with alliance members as well as with other safe motherhood stakeholders to demonstrate why collective action is needed to improve maternal and neonatal health.
- Use the "Social Mobilization Indicators for Success" tool to think about the contributions of each stakeholder and how they have moved the alliance forward.
- Encourage the group to think about what groups to target with its message and results, and how this can be accomplished (e.g., presentations at meetings, dramas, briefs for policymakers, newsletters, video, photographs, donor reports, news media).

- *Awareness, Mobilization, and Action for Safe Motherhood: A Field Guide*, published by the White Ribbon Alliance, includes ideas for creatively disseminating information, working with media, and increasing the alliance's collective action.

Collaborative Leadership

Purpose

Collective action requires building trust, consensus, and collaboration. Effective leadership is key. Use this tool to encourage the group to discuss leadership styles and structures.

Objectives

- To see the value in having leader(s) committed to a collaborative process
- To set the stage for deciding how the alliance will organize its leadership structure

Suggested time

45 minutes

Steps

1. **Reflect** on the group's processes for working together. Does everyone feel involved? What roles do the leaders of the group play? How does the leadership style or structure affect participants' feelings? How does it affect how the alliance achieves its objectives?
2. **Brainstorm** the characteristics of a leadership style or structure that makes participants feel like part of the group process.
3. **Agree** on key leadership qualities that support collaborative action.
4. **Discuss** how the alliance can achieve this.

Tips for the facilitator

- Leadership styles and structures that promote collaboration and collective action are a challenge, but it is important to encourage the group to develop a decision-making process that moves the alliance forward while being inclusive.
- Review the leadership structures highlighted in the "Developing an Alliance Leadership Structure" tool.

Tips on Collaborative Leadership

- Help the group set norms it can live by.
- Assure that everyone gets heard.
- Encourage and model inclusiveness.
- Help people make real connections with one another.
- Mediate conflicts and disputes.
- Help the group create and use mechanisms for soliciting ideas.
- Maintain collaborative problem-solving and decision-making.
- Push the group toward effectiveness.
- Help the group choose initial projects that are doable.
- Help the group identify and obtain the necessary resources to do the work.
- Insist on and protect an open process.
- Keep the group focused on what's best for the alliance.

Excerpt from Community Tool Box, University of Kansas, *http://ctb.ku.edu*

Developing an Alliance Leadership Structure

Purpose

Because collective ownership of the alliance by its members is important for short-term impact and long-term sustainability, selecting an alliance leadership structure should be done with all alliance members' participation. A leadership structure can be developed when an alliance first forms, but it may be better to wait until the alliance members have worked together and developed a sense of trust and shared commitment to the alliance and its cause. Use this tool when the alliance decides to become more formally organized or needs to revise its decision-making structure to become more effective and efficient.

Objectives

- To help alliance members reflect on what type of leadership structure they may want/need
- To encourage alliance members to remain inclusive and participatory while making decisions about increasing their effectiveness and becoming more organized

Suggested time

Approximately 1–2 hours

Steps

1. **Provide** a brief overview of the alliance: how it was formed, what it has achieved, how and where it hopes to go.
2. **Discuss** how decisions have been made. What has been effective? What has been challenging?
3. **Identify** alliance priorities for effective and representative leadership.
4. **Review** various leadership structures that alliances have used. Use the examples below or gather some models on your own.
5. **Discuss** the benefits and challenges to the various options. Some helpful questions to consider include the following:
   - Do partners need to work side-by-side in order for the alliance to succeed or will a looser approach work?
   - Does the alliance need a dedicated management staff and organization?
   - Will the alliance work best if the partners operate as equals, or should one partner take the lead?
   - Should funding flow to the alliance, or is it better for each partner to receive its own funds?
   - Which leadership structure would work best for the alliance and its priorities?

   (Excerpt from *Developing Successful Global Health Alliances*, Bill and Melinda Gates Foundation, 2002, p. 5.)
6. **Decide**, as a group, which leadership structure the alliance would like to adopt.
7. **Develop** an action plan/next steps to implement the leadership structure.

Tips for the facilitator

- Discussions about leadership should remain objective and constructive.
- Remind participants that it is important to balance the need for an efficient and effective leadership structure with the need to be inclusive and participatory.
- Contact White Ribbon Alliance members to learn about their leadership structures and what has and has not worked for them and why. Discuss this with the group.

Models of Alliance Leadership Structures

Two common alliance models are the secretariat and the lead partner models:

- **Secretariat**
  The hallmarks of a secretariat are a quasi-formal alliance organization and staff, a group of partners operating as more or less equals, and generally having centralized funding. There is a core group of partners that has established a small alliance office (secretariat) and has dedicated a number of skilled managers to support key alliance functions. Since a secretariat can be somewhat more expensive—both in dollars and management time—to create and maintain, the model is often most appropriate when the partners seek deeper combination gains, when a large number of diverse partners are involved, and when separation from the parent institution is desirable.

- **Lead Partner**
  The lead partner model is characterized by one partner assuming a strong—but not dominant—leadership role. The lead partner model is often appropriate when a moderate number of partners (e.g., 4–6) are involved, when the alliance is seeking deeper coordination and combination gains, and when one partner is a natural but not necessarily dominant leader.

Excerpt from *Developing Successful Global Health Alliances*, Bill and Melinda Gates Foundation, 2002, p. 3–5.

The White Ribbon Alliance in India, comprised of 55 member organizations, created a governance and decision-making structure consisting of a Secretariat Coordinator and four subcommittees to focus on distinct alliance strategies: Emergency Obstetric Care; Best Practices Field Guide; Guidelines for Birth Preparedness & Living-Saving Skills; and Mother-Friendly Hospital Initiative, Delhi.

5

birth preparedness and complication readiness: a matrix of shared responsibility

birth preparedness and complication readiness: a matrix of shared responsibility

What Is Birth Preparedness and Complication Readiness?

Women and newborns need timely access to skilled care during pregnancy, childbirth, and the postpartum/newborn period. Too often, however, their access to care is impeded by delays—delays in deciding to seek care, delays in reaching care, and delays in receiving care.[6] These delays have many causes, including logistical and financial concerns, unsupportive policies, and gaps in services, as well as inadequate community and family awareness and knowledge about maternal and newborn health issues. For example:

- **Delays in deciding to seek care** may be caused by failure to recognize signs of complications, failure to perceive the severity of illness, cost considerations, previous negative experiences with the healthcare system, and transportation difficulties.
- **Delays in reaching care** may be created by the distance from a woman's home to a facility or provider, the condition of roads, and a lack of emergency transportation.
- **Delays in receiving care** may result from unprofessional attitudes of providers, shortages of supplies and basic equipment, a lack of healthcare personnel, and poor skills of healthcare providers.

The causes of these delays are common and predictable. However, in order to address them, women and families—and the communities, providers, and facilities that surround them—must be prepared in advance and ready for rapid emergency action.

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[6] Thaddeus S and D Maine. 1994. Too far to walk: Maternal mortality in context. *Social Science and Medicine* 38: 1091.

Birth Preparedness and Complication Readiness (BP/CR) is the process of planning for normal birth and anticipating the actions needed in case of an emergency. Responsibility for BP/CR must be shared among all safe motherhood stakeholders—policymakers, facility managers, providers, communities, families, and women—because a coordinated effort is needed to reduce the delays that contribute to maternal and newborn deaths. Each stakeholder has an important role to play—from creating appropriate policies to strengthening facilities and providers to implementing effective community systems to adopting informed practices at home. Together, stakeholders can plan for the care that women and newborns need during pregnancy, childbirth, and the postpartum/newborn period, prepare to take action in emergencies, and build an enabling environment for maternal and newborn survival.

About the BP/CR Matrix

The **Birth Preparedness and Complication Readiness Matrix** delineates the roles of policymakers, facility managers, providers, communities, families, and women in ensuring that women and newborns receive appropriate, effective, and timely care. It outlines plans and actions that can be implemented by each group of stakeholders to build an enabling environment for normal and emergency care.

The BP/CR Matrix can be used in a variety of ways to introduce and reinforce the concept of BP/CR, to demonstrate and support shared responsibility and accountability for safe motherhood, and to plan appropriate safe motherhood interventions and activities. Using the matrix, advocacy groups can facilitate a process that helps stakeholders see how they influence barriers and solutions to seeking, reaching, and receiving care. Program planners can use the matrix to mobilize the necessary human and fiscal resources to adequately respond to stated needs and priorities. And healthcare providers can use the matrix as a reference to reinforce facility preparedness and to more fully understand their role and the skills required to deliver care throughout pregnancy, labor and childbirth, and the postpartum/newborn period.

The BP/CR Matrix can be used to:

Facilitate Dialogue among Safe Motherhood Partners and Stakeholders
The concept of BP/CR can be integrated into community mobilization and clinical workshops related to safe motherhood to improve communication and buy-in among stakeholders. Facilitating dialogue encourages everyone to see their part in finding solutions to the challenges inherent in implementing safe motherhood interventions. Through discussion, the BP/CR Matrix can be used to help stakeholders identify behaviors that must change at each stakeholder level. Participatory exercises using the BP/CR Matrix can be designed to

- introduce and discuss the BP/CR concept and actions;
- encourage shared solutions to life-threatening delays;
- increase awareness of shared responsibility and the need for strategic partnerships;

- reveal barriers, such as gender, that can get in the way of effective dialogue and solutions; and
- focus on the creation and implementation of priority actions.

Facilitating Dialogue in Thailand

In Thailand, during an activity aimed at generating discussion about how to ensure that all safe motherhood stakeholders are heard, participants in a safe motherhood workshop were given the name of a stakeholder—e.g., ob/gyn, midwife, or minister of health—and were asked to represent that stakeholder throughout the exercise. Participants were then asked to recommend two interventions to improve safe motherhood, and to defend their choices. This exercise was extremely effective at pointing out barriers created by power and gender. Further, it illustrated the fact that many times, dialogue about safe motherhood does not include the voice of women, families, and communities. Without their involvement, interventions may not meet the needs of the people for which they are designed.

Guide Safe Motherhood Program Planning and Interventions

Based on behaviors and skills listed in the BP/CR Matrix, program planners can develop appropriate program interventions and activities and adapt them to local realities. Key interventions from the matrix can be made into checklists and used in facilities by providers, or by community members.

Initiating a Work Plan in China

In China, the Bazhong Rural Health Improvement Project conducted a workshop at which participants used the BP/CR Matrix to identify key interventions before, during, and after pregnancy at each stakeholder level. Participants also identified challenges facing the implementation of each of the proposed interventions and developed solutions for overcoming these challenges. Working through these challenges and solutions will help program planners and implementers construct a realistic program work plan and build awareness of the need for shared responsibility.

In addition, the matrix can be used in the performance and quality improvement process as a guide when assessing gaps in standards of care, skills and competencies of providers, and facility readiness. This assessment then provides the basis of work with program planners, decision makers, facility managers, and providers themselves to strengthen facility-based care and link facilities to communities and households.

Finally, NGOs and government agencies can replicate and adapt the matrix and use it as a guide when advocating for important policy actions.

Assess Progress toward Improved BP/CR Awareness and Action

Program planners and managers can use the BP/CR Matrix as a participatory self-assessment tool to monitor and assess progress toward the implementation of actions and interventions on the matrix, and to identify benchmarks that indicate progress toward achievement of their goals.

Identifying Appropriate Interventions in Zambia

At a workshop aimed at forming a White Ribbon Alliance in Zambia, a chart like the BP/CR Matrix, with the names of stakeholder groups appearing at the tops of empty columns, was fixed to the wall of the meeting room. Participants in the workshop—including providers, policymakers, and community members—were divided into small groups to brainstorm the key actions needed by each stakeholder group to improve BP/CR. Groups wrote their ideas on cards and then attached them to the chart under the appropriate heading. Key actions identified included the need to improve roads, expand and strengthen education, and increase access to antenatal care. By looking at how their ideas differed from those on the BP/CR Matrix, participants were able to explore the reasons why women experience delays in seeking care and/or receiving care in Zambia, such as lack of information, the belief that women should be able to bear the pain of childbirth, and the need for better access to skilled providers. Overall, the activity helped participants recognize the need to get accurate information to families and communities and the importance of ensuring that appropriate supplies and staff are available at health facilities.

Identify and Demonstrate Policy and Advocacy Priorities

The BP/CR Matrix can be used to demonstrate to policymakers how policies affect the ability of women, families, communities, and facilities and providers to prepare for normal births and respond to obstetric and newborn emergencies. By making this information concrete and showing policymakers the responsibilities of each stakeholder group, advocates help to support provider and community demands for updated policies and protocols and improvements in access and quality.

Planning for Advocacy in India

The White Ribbon Alliance of India used the BP/CR Matrix as part of its strategic planning workshop to identify priority issues for the group's advocacy activities. Participants first divided into two groups. Using the BP/CR Matrix as a guide, each group identified two priority actions during pregnancy, labor and childbirth, and the postpartum/newborn period. Each group then read their priority actions aloud, and those identified by more than one group were noted. Five common issues were identified, which was an important first step toward reaching a common understanding about what is needed to improve BP/CR. Based on these discussions, participants used the matrix to develop a best practices guide for community leaders and other lay people. Outputs of discussions were also used to guide the development of strategic objectives for the next two years. As a result of the efforts of the White Ribbon Alliance in India, the Indian government adopted the BP/CR best practices guide and declared April 11, Mahatma Gandhi's wife's birthday, Safe Motherhood Day.

Develop Targeted Safe Motherhood Messages

The BP/CR Matrix can be used in the creation of safe motherhood communication messages that raise awareness among women, families, and communities about the importance of birth preparedness and complication readiness. Program leaders can develop messages to be delivered through media, drama, and other methods appropriate to low-resource settings.

Delivering BP/CR Messages in Haiti

Participants in a safe motherhood workshop in Haiti used the French version of the BP/CR Matrix when building an alliance for safe motherhood. After choosing priority interventions for each stakeholder, they designed messages based on these key interventions and discussed the best medium to use to deliver the messages to policymakers, providers, facilities, communities, families, and women. Key messages revolved around the theme of being prepared and identifying emergency transport long before an emergency arises. Participants hoped to deliver key BP/CR messages via the radio and drama on significant days such as Mother's Day.

Build Informed Demand for Maternal and Newborn Care

As empowered participants in their own healthcare, women, families, and communities expect more of providers and healthcare services. Program planners and managers can use the BP/CR Matrix as a guide in designing communication strategies to generate informed demand and plan for the resulting service delivery needs.

Building Informed Demand in Nepal

The BP/CR Matrix was used, along with Nepal's National IEC/BCC Strategy for Safe Motherhood, in the development of the SUMATA (Care, Share, Prepare) initiative, a communication initiative that encourages families to care for women during pregnancy, to share their work, and to prepare for birth. As a part of SUMATA, community mobilizers counsel pregnant women and their families to be aware of and use local health services and to make arrangements for care at birth. In doing so, their work is guided by the Birth Preparedness Package (*Jeevan Suraksha* in Nepali), which was developed using the BP/CR Matrix and is a key component of the SUMATA campaign.

The BP/CR Matrix: Pregnancy

POLICYMAKER	FACILITY	PROVIDER
Creates an environment that supports the survival of pregnant women and newborns.	*Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.*	*Provides skilled care for normal and complicated pregnancies, births and the postpartum period.*
Promotes health and survival for pregnant women and newborns Ensures that skilled antenatal care policies are evidence-based, in place and politically endorsed Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines Promotes and facilitates the adoption of evidence-based antenatal care Ensures that adequate levels of resources (financial, material, human) are dedicated to supporting antenatal care and an emergency referral system Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals and advocacy groups Coordinates donor support to integrate birth preparedness and complication readiness into antenatal services Has a national policy document that includes specific objectives for reducing maternal and newborn deaths Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)	Has essential drugs and equipment Follows infection prevention principles and practices Has a functional emergency system, including: • communication • transportation • safe blood supply • emergency funds Has service delivery guidelines on appropriate management during the antenatal period Has job aids to assist providers in performing appropriate antenatal care Ensures availability of a skilled provider 24 hours a day, 7 days a week Is gender and culturally sensitive, client-centered and friendly Involves community in quality of care Reviews case management of maternal and neonatal morbidity and mortality	Provides skilled antenatal care, including: • detecting and managing complications • promoting health and preventing disease, including: – provision of iron/folate and tetanus toxoid – vitamin A and iodine in areas with deficiencies – presumptive treatment of malaria and worms in areas of prevalence – encourages use of bed nets • screening for and managing HIV/AIDS, tuberculosis, STDs • assisting the woman to prepare for birth including: – items needed for clean birth – identification of skilled provider for the birth – plan for reaching provider at time of delivery – identification of support people to help with transportation, care of children/household, and accompaniment to health facility – Complication Readiness Plan in case of emergency: emergency funds, transportation, blood donors, and decision-making • counseling/educating the woman and family on danger signs, nutrition, family planning, breastfeeding, HIV/AIDS • informing woman and family of existence of emergency funds • referring to higher levels of care when appropriate • honoring the pregnant woman's choices Supports the community s/he serves Respects community's expectations and works within that setting Educates community members about birth preparedness and complication readiness Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness

COMMUNITY	FAMILY	WOMAN
Advocates and facilitates preparedness and readiness actions.	*Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.*	*Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.*
Supports and values the use of antenatal care Supports special treatment for women during pregnancy Recognizes danger signs and supports implementing the Complication Readiness Plan Supports mother- and baby-friendly decision-making for normal births and obstetric emergencies Has a functional transportation infrastructure for woman to reach care when needed Has a functional blood donor system Has community financing plan for obstetric emergencies Can access facility and community emergency funds Conducts dialogue with providers to ensure quality of care Dialogues and works together with provider on expectations Supports the facility that serves the community Educates members of the community about birth preparedness and complication readiness Advocates for policies that support skilled healthcare Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness	Advocates for skilled healthcare for woman Supports and values the woman's use of antenatal care, adjusts responsibilities to allow attendance Makes plan with woman for normal birth and complications Identifies a skilled provider for childbirth and the means to contact or reach the provider Recognizes danger signs and facilitates implementing the Complication Readiness Plan Identifies decision-making process in case of obstetric emergency Knows transportation systems, where to go in case of emergency, and support persons to accompany and stay with family Supports provider and woman in reaching referral site, if needed Knows supplies to bring to facility or have in the home Knows how to access community and facility emergency funds Has personal savings for costs associated with emergency care or normal birth Knows how and when to access community blood donor system Identifies blood donor	Attends at least four antenatal visits (obtains money, transport) Makes a birth plan with provider, husband, family Decides and acts on where she wants to give birth with a skilled provider Identifies a skilled provider for birth and knows how to contact or reach the provider Recognizes danger signs and implements the Complication Readiness Plan Knows transportation systems, where to go in case of emergency, and support persons to accompany and stay with family Speaks out and acts on behalf of her and her child's health, safety and survival Knows that community and facility emergency funds are available Has personal savings and can access in case of need Knows who the blood donor is

The BP/CR Matrix: Labor and Childbirth

POLICYMAKER	FACILITY	PROVIDER
Creates an environment that supports the survival of pregnant women and newborns.	*Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.*	*Provides skilled care for normal and complicated pregnancies, births and the postpartum period.*
Promotes improved care during labor and childbirth Ensures that skilled care policies for labor and childbirth are evidence-based, in place and politically endorsed Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines Promotes and facilitates the adoption of evidence-based practices Supports policies for management of complications based on appropriate epidemiological, financial and sociocultural data Ensures that adequate levels of resources (financial, material, human) are dedicated to skilled care at birth and an effective emergency referral system Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals, and advocacy groups Coordinates donor support for improved management of labor and childbirth Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)	Has essential drugs and equipment Follows infection prevention principles and practices Has appropriate space for birthing Has a functional emergency system, including: • communication • transportation • safe blood supply • emergency funds Has service delivery guidelines on appropriate management of labor and childbirth Has job aids to assist providers in performing labor and childbirth procedures Ensures availability of a skilled provider 24 hours a day, 7 days a week Is gender and culturally sensitive, client-centered and friendly Involves community in quality of care Reviews case management of maternal and neonatal morbidity and mortality	Provides skilled care during labor and childbirth, including: • assessing and monitoring women during labor using the partograph • providing emotional and physical support through labor and childbirth • conducting a clean and safe delivery including active management of 3rd stage of labor • recognizing complications and providing appropriate management • informing woman and family of existence of emergency funds (if available) • referring to higher levels of care when appropriate Supports the community s/he serves Respects community's expectations and works within that setting Educates community about birth preparedness and complication readiness Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness

COMMUNITY	FAMILY	WOMAN
Advocates and facilitates preparedness and readiness actions.	*Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.*	*Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.*
Supports and values use of skilled provider at childbirth Supports implementing the woman's Birth Preparedness Plan Makes sure that the woman is not alone during labor, childbirth and immediate postpartum period Supports the woman in reaching place and provider of her choice Has a functional blood donor system Recognizes danger signs and supports implementing the Complication Readiness Plan Supports mother- and baby-friendly decision-making in case of obstetric emergencies Can access facility and community emergency funds Supports timely transportation of woman Promotes community norms that emphasize priority of transportation for pregnant women and obstetric emergencies Dialogues and works together with provider on expectations Supports the facility that serves the community Advocates for policies that support skilled healthcare Promotes concept of birth preparedness and dispels misconceptions and harmful practices that could prevent birth preparedness and complication readiness	Advocates for skilled healthcare for woman Recognizes normal labor and facilitates implementing Birth Preparedness Plan Supports woman in reaching place and provider of choice Supports provider and woman in reaching referral site, if needed Agrees with woman on decision-making process in case of obstetric emergency Recognizes danger signs and facilitates implementing the Complication Readiness Plan Discusses with and supports woman's labor and birthing decisions Knows transportation systems, where to go in case of emergency, and support persons to stay with family Knows how to access community and facility emergency funds Has personal savings for costs associated with emergency care or normal birth Purchases necessary drugs or supplies Knows how and when to access community blood donor system Identifies blood donor	Chooses provider and place of birth in antenatal period Recognizes normal labor and understands Birth Preparedness Plan Recognizes danger signs and understands Complication Readiness Plan Knows transportation systems, where to go in case of emergency, and support persons to stay with family Can access community and facility emergency funds Has personal savings and can access in case of need

The BP/CR Matrix: Postpartum and Newborn

POLICYMAKER	FACILITY	PROVIDER
Creates an environment that supports the survival of pregnant women and newborns.	*Is equipped, staffed and managed to provide skilled care for the pregnant woman and newborn.*	*Provides skilled care for normal and complicated pregnancies, births and the postpartum period.*
Promotes improved postpartum and newborn care Ensures that skilled postpartum and newborn care policies are evidence-based, in place and politically endorsed Uses evidence-based information to support systems that routinely update service delivery and cadre-specific guidelines Promotes and facilitates the adoption of evidence-based practices Supports policies for management of postpartum and newborn complications using appropriate epidemiological, financial, and sociocultural data Ensures adequate levels of resources (financial, material, human) are dedicated to supporting the skilled management of postpartum and newborn care and the effectiveness of an emergency referral system Encourages and facilitates participation in policy-making and resource allocation for safe childbirth and emergency referral services by communities, families, individuals and advocacy groups Coordinates donor support for improved postpartum and newborn care Ensures that protocols are in place for clinical management, blood donation, anesthesia, surgical interventions, infection prevention and physical infrastructure Advocates birth preparedness and complication readiness through all possible venues (e.g., national campaigns, press conferences, community talks, local coalitions, supportive facilities)	Has essential drugs and equipment Follows infection prevention principles and practices Has a functional emergency system, including: • communication • transportation • safe blood supply • emergency funds Has service delivery guidelines on care of newborn and mother postpartum Has job aids to assist providers in performing appropriate postpartum and newborn care Ensures availability of a skilled provider 24 hours a day, 7 days a week Is gender and culturally sensitive, client-centered and friendly Involves community in quality of care Reviews case management of maternal and neonatal morbidity and mortality	Provides skilled newborn and postpartum care, including: • recognizing complications in the newborn and postpartum woman and providing appropriate management • promoting health and preventing disease in the woman, including: – provision of iron/folate and tetanus toxoid – vitamin A and iodine in areas of deficiencies – encouraging use of impregnated bednets for the woman and newborn in areas of malaria prevalence – provision of contraceptive counseling and services • promoting health and preventing disease in the newborn, including: – thermal protection – promotion of breastfeeding – eye care – cord care – vaccinations • providing appropriate counseling and education for the woman and family about danger signs and self-care for the postpartum woman and newborn • informing woman and family of existence of emergency funds • referring to higher levels of care when appropriate Supports the community s/he serves Respects community's expectations and works within that setting Educates community about complication readiness Promotes concept of and dispels misconceptions and harmful practices that could prevent complication readiness

COMMUNITY	FAMILY	WOMAN
Advocates and facilitates preparedness and readiness actions.	*Supports pregnant woman's plans during pregnancy, childbirth and the postpartum period.*	*Prepares for birth, values and seeks skilled care during pregnancy, childbirth and the postpartum period.*
Supports and values women's use of postpartum and newborn care Supports and values use of skilled provider during postpartum period Supports appropriate and healthy norms for women and newborns during the postpartum period Makes sure that the woman is not alone during the postpartum period Recognizes danger signs and supports implementing the Complication Readiness Plan Supports mother- and baby-friendly decision-making in case of newborn emergencies Supports timely transportation of woman and newborn to referral site, if needed Has a functional blood donor system Can access facility and community emergency funds Dialogues and works together with provider on expectations Supports the facility that serves the community Educates community members about complication readiness Advocates for policies to support skilled healthcare Promotes concept of and dispels misconceptions and harmful practices that could prevent complication readiness	Advocates for skilled healthcare for woman Supports the woman's use of postpartum and newborn care, adjusts responsibilities to allow her attendance Recognizes complication signs and facilitates implementing the Complication Readiness Plan Agrees with woman on decision-making process in case of postpartum or newborn emergency Knows transportation systems, where to go in case of emergency, and support persons to stay with family Supports provider, woman and newborn in reaching referral site, if needed Knows how to access community and facility emergency funds Has personal savings for costs associated with postpartum and newborn care Purchases drugs or supplies needed for normal or emergency postpartum and newborn care Knows how and when to access community blood donor system Identifies blood donor	Seeks postpartum and newborn care at least twice—at 6 days and at 6 weeks postpartum (obtains money, transport) Recognizes danger signs and implements the Complication Readiness Plan Speaks out and acts on behalf of her and her child's health, safety and survival Knows transportation systems, where to go in case of emergency, and support persons to stay with family Can access community and facility emergency funds Has personal savings and can access in case of need

6

references and additional resources

references

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additional resources

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